



For Office Use Only:
Account #: _____
Date entered: _____

Village of Walden Water/Sewer Account Name Change Form

Today's Date: _____

Property Address: _____

New Billing Name: _____

New Billing Address: _____
(if different from property address)

Owner Address: _____

Date Changes go
into effective: _____

Print & Sign: _____

Fax completed form to: 845-778-2170

Mail or Hand deliver completed form to: 1 Municipal Square Walden, NY 12586

email completed form to: WaldenDT@hvc.rr.com

Questions? Call Village Hall 845-778-2177 (Option 4, Finance Department)