



**ST. KITTS WATER SERVICES DEPARTMENT  
P. O. BOX 80, NEEDSMUST  
BASSETERRE  
ST. KITTS**

**APPLICATION FOR CHANGE OF ADDRESS**

**TITLE/NAME:**

**CURRENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**METER NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**