



APPLICATION FOR CHANGE OF INFORMATION

Office: (317) 241-2941
Billing Department: (317) 241-2787
Fax: (317) 241-9891

Ben Davis Conservancy District
703 S Tibbs Ave
Indianapolis, IN 46241

1. Account Information

Account Number _____

Customer Name _____

Service Address _____

Phone Number (s) Home _____ Work _____ Mobile _____

2. New Mailing Address

Customer Name (if different) _____

Mailing Address _____

City _____ State _____ Zip _____

Effective Date _____

Phone Number (s) Home _____ Work _____ Mobile _____

Click on [Attach Files](#) to attach photos.

Signature

Date _____

Please attach a photocopy of your driver's license or other photo ID to establish proof of identity.

In addition, please attach proof of sale, title change or other documentation that proves sale, transfer or purchase of above-mentioned property.

Please return in person, mail, email or fax completed and signed application, and required documents.

[Send in Email](#)