

CITYOF DEADWOOD
102 Sherman Street
Deadwood, SD 57732

MAILING ADDRESS / INFORMATION CHANGE

Date: _____ Account # _____

Name: _____

Property Address: _____

New Mailing Address: _____

Home # _____ Cell # _____ Other # _____

Email Address: _____

Other Contact Name: _____

Address Change Effective Date: _____

Customer Signature: _____

Customer Service Rep: _____

Notes: _____
