



Town of Highland Beach
3614 S. Ocean Blvd.
Highland Beach, Florida 33487
Phone: (561) 278-4548
Fax: (561) 276-9829

Resident Change of Information Form

Name: _____

Date: _____

Check the change that applies to you:

Name *

Mailing address

Phone Number

Final Read

* Proof of legal name change required (i.e., social security card).

Personal Information	ACCT #
First Name:	Last Name:
Service Address:	
Mailing Address:	
Phone Number:	Cell Phone Number:

Effective Date of Changes: _____

Signature: _____

Date: _____

Please return a copy to the Finance Department. Please submit by e-mail:
dmccarty@ci.highland-beach.fl.us or by fax to (561) 276 – 9829.

Office Use Only

Processed by: _____

Date: _____