



Village of Fox Point

UTILITY BILLING CLERK

7200 North Santa Monica Boulevard
Fox Point, WI 53217

www.villageoffoxpoint.com

Phone: (414)-351-8900 Fax: (414)-351-8909

REQUEST TO CHANGE MAILING ADDRESS

(Utility Bill)

Name of Property Owner(s): _____

Parcel or Tax Key # (s): _____

Physical Property Address: _____

Old Mailing Address: _____

Address (Street or PO Box)

City, State & Zip

New Mailing Address: _____

Address (Street or PO Box)

City, State & Zip

Person Requesting Address Change: _____

(Signature)

(Date)

Daytime Phone Number: _____ Email Address: _____

Additional Comments:

Please complete and return to the address above or email it to mstelpflug@villageoffoxpoint.com