

**ADDRESS CHANGE REQUEST FORM**  
**THE CONSOLIDATED MUTUAL WATER COMPANY**  
12700 West 27th Avenue  
PO Box 150068  
Lakewood, Colorado 80215

Email or mail to Consolidated for processing  
**E-Mail: consumerservices@cmwc.net**  
**Phone: 303.238.0451**

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**From:** \_\_\_\_\_ Stockholder/Landlord Name \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address of Owner: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_  
\_\_\_\_\_

Ordered By: \_\_\_\_\_  
Signature

Print Name \_\_\_\_\_

SPECIAL INSTRUCTIONS:

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