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TTY/TDD- 711

### Customer Information Update Form

Full Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Service Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address Change Request

Complete this section if you are updating your mailing address.

New Mailing Address for Billing and Correspondence

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

New Cabin Management Company \_\_\_\_\_

Cabin Name \_\_\_\_\_

Voting Delegate for Membership \_\_\_\_\_

Complete this section if you are updating your contact number(s)

New Primary Phone Number: \_\_\_\_\_

New Secondary Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

I certify that the information provided is accurate and that I am authorized to make changes to this account. I understand that McCurtain Rural Water District No. 5 may contact me to verify this request.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### For Office Use Only

Received By: \_\_\_\_\_

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

Initial \_\_\_\_\_