



MARK R. JOHNSON
Mayor

CITY OF COVINGTON

UTILITY BILLING DEPARTMENT

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website www.covla.com

CHANGE OF MAILING ADDRESS

The information below must reflect the account holder's information.

ACCOUNT NAME _____

ACCOUNT NUMBER _____

CUSTOMER NUMBER _____

SERVICE ADDRESS _____

PHONE NUMBER _____

.....

NEW MAILING ADDRESS _____

.....

Please provide copy of driver's license of account holder.

Signature

Date