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**TOWNSHIP OF MIDDLETOWN  
SEWERAGE AUTHORITY**



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**PAUL THOMSON**  
Executive Director

**ADMINISTRATION BUILDING**  
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**ADDRESS CHANGE FORM**

TODAY'S DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

OLD MAILING ADDRESS:

NEW MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_