



Wastewater Billing- Change of Address Form

Return Completed Form to:

Town of Meggett
4776 Highway 165
Meggett, SC 29449

or

Email: clerk@townofmeggettsc.org
Fax: (843) 889-6873

Owner(s) Name: _____

Billing TMS #: _____

Previous Mailing Address: _____

New Mailing Address: _____

Phone Number: _____

Email: _____

Owner's Signature: _____

Owner's Signature: _____

Date: _____

Office Use Only

Date Received: _____ TMS #: _____

Date of Completion: _____ Completed By: _____