

South-West Shoreline Sanitary District  
Billing Change Form

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

**New Owner Contact:**

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Carrier: \_\_\_\_\_

*(For critical SMS text notifications)*

**New Billing Contact:**  Same as Owner or:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Bills are mailed near the beginning of each month and are due by mid-month. We consider the billing in arrears meaning the billing received at the beginning of a month covers the time period of the prior month. Please indicate how we should handle the billing transition:

Send next bill to prior recipient at address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send next bill to new recipient

A form for setting up automatic payments, plus contact and other pertinent information, is available on our website at [swshoreline.com](http://swshoreline.com).

Please return to: SWSSD  
PO Box 163  
Storm Lake, IA 50588

Or [billing@swshoreline.com](mailto:billing@swshoreline.com)