



UPDATE ACCOUNT INFORMATION FORM – RESIDENTIAL CUSTOMERS

Use this form to update information in your CWLP residential account.

1. To ensure you will be able to successfully use this form, your computer should be equipped with Adobe Acrobat or Acrobat Reader 8.0 or higher. You might not be able to print or submit the form using an older version of Acrobat. [Download the most recent version of Acrobat Reader \(free\)](#).
2. After opening the form, complete all appropriate fields. (Fields identified by an asterisk must be filled in before you will be allowed to print or submit the form.)
3. If you wish to print a copy of the form for your files or for manual submission (see #6 below for instructions on how to submit the form manually), click the Print Form button at the bottom of the form.
4. If you wish to clear the data you have input into all of the fields, click the Reset Form button at the bottom of the form.
5. If you wish to submit the form electronically, click the SUBMIT FORM button at the bottom of the form. A pre-addressed email message box containing your attached form will open. Now all you have to do is send the email.
6. If you wish to manually submit a printed copy of the form, you can mail or fax it to:

CWLP Customer Service Office
Room 101
Municipal Center West
Springfield, IL 62757

FAX: (217) 789-2026

7. If you have questions about this form or about your CWLP account, call the Customer Service Office, 789-2030, or email cwlp.customer@cwlp.com.



ACCOUNT INFORMATION UPDATE – RESIDENTIAL

Please be sure to READ THE INSTRUCTIONS for printing and/or submitting this form electronically BEFORE you proceed.

Asterisks indicate fields that must be filled in.

Account holder

Name*

Account Number*

Service address

Street Address*

Unit #

City*

State*

ZIP Code*

Change billing address to

Street Address or P.O. Box #

Unit #

City

State

ZIP Code

Change or add phone number

Home Phone Number

<i>Area Code</i>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<i>Extension</i>
	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

2nd Home Phone Number

<i>Area Code</i>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<i>Extension</i>
	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

Cell Phone Number

<i>Area Code</i>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<i>Extension</i>
	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

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Employment information

Employer Name	<input type="text"/>
Street Address	<input type="text"/>
2nd Street Address	<input type="text"/>
Unit #	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>

Work Phone Number	<i>Area Code</i>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<i>Extension</i>	<input type="text"/>
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Information provided by*

If you are having difficulty printing or submitting this form, it is likely because your computer is not equipped with an appropriate version of Adobe Acrobat. Please refer back to the instruction page.