



# Kestra Jost

UTILITY BILLING CLERK

7200 North Santa Monica Boulevard  
Fox Point, WI 53217

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Phone: (414)-351-8900 Fax: (414)-351-8909

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## REQUEST TO CHANGE MAILING ADDRESS

(Utility Bill)

Name of Property Owner(s): \_\_\_\_\_

Parcel or Tax Key # (s): \_\_\_\_\_

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

**Old** Mailing Address: \_\_\_\_\_

Address (Street or PO Box)

\_\_\_\_\_  
City, State & Zip

**New** Mailing Address: \_\_\_\_\_

Address (Street or PO Box)

\_\_\_\_\_  
City, State & Zip

Person Requesting Address Change: \_\_\_\_\_

(Signature)

(Date)

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Comments:

Please complete and return to the address above or email it to [kjost@villageoffoxpoint.com](mailto:kjost@villageoffoxpoint.com)