

UPDATE Customer Information

Billing and Collections Division | Financial Services Department 105 E. Corbin St., PO Box 429, Hillsborough, NC 27278 919-296-9450 CustomerService@hillsboroughnc.gov www.hillsboroughnc.gov

Please complete this form to update or provide any missing information on your account. Account Holder's Name: Account Number: Service Address: Billing Address: Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Email: _____ How would you like to receive your bills? ☐ Electronically ☐ By mail What type of property is the service address? ☐ Residential ☐ Commercial I hereby agree to conform to all applicable laws and regulations of the Town of Hillsborough, County of Orange, and State of North Carolina (as may be applicable to my request) and certify that the above information is true and accurate to the best of my knowledge.

Account Holder's Signature: _____ Date: _____