
Change of Address Request

ACCT #: _____

Date: _____

Physical Address: _____

Customer Name: _____

Mailing Address: _____

All regular billing will be sent to the above listed mailing address unless your account is transferred to a tenant per District tenant landlord transfer policy

Primary Contact #: _____

Home Mobile Work

Secondary Contact #: _____

Home Mobile Work

Email Address: _____

Would you like to receive your monthly billing statement by email? Yes No

Please note: if you choose to receive an E-Bill you will no longer receive a paper statement via US Mail.

Property Owner Signature

Date

Admin Use

Account Updated On: _____

Parcel #: _____