



## Change of Address Form

DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

PROPERTY ADDRESS:

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city, state & zip code)

IF NEEDED, NAME OF TENANT: \_\_\_\_\_

BILLING ADDRESS (if different from property address –such as corporate office):

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city, state & zip code)

( ) \_\_\_\_\_  
(telephone no.)

DO YOU WANT AN E-BILL BILL SENT TO YOU? YES NO **(circle one)**

YOUR RELATIONSHIP TO THE PERSON NAMED ON THE ACCOUNT: **(check one)**

\_\_\_\_ OWNER \_\_\_\_ PROPERTY MGR \_\_\_\_ RELATIVE \_\_\_\_ TENANT

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

Signature \_\_\_\_\_