



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 _____