



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 _____