

Request to Update Billing Address Information

Please check the box if y	⁄ou are: □Owner	□Tenant		
Account Information:				
Account Number:				
Customer Name:	me: Tel		elephone Number:	
Property Address:				
Current Billing Address	s:			
Address:				
City:	State:		Zip:	
	onsent to Tenant Bi	•	ny. If so, please complete	
City:	State:		Zip:	
Telephone Number:	I	E-mail Address:		
below, you are authorizing	r is responsible for	any unpaid baland	nent Code Section 54347 ces. By signing your name	
Print Name:				
Date:				