

Request for Billing Address Change

Date: _____

Account: _____

I, _____
(legal property owner/agent)

request that my mailing/billing address be changed to:

for the property located at:

Effective Date: _____

Should the new mailing/billing address differ from the mailing address of the legal property owner, I understand that I will not receive any of the Big Bear City Community Services District's notifications regarding emergency situations, account status, rate changes, assessments, etc. and that I will remain financially responsible for all charges on the account. It is the property owner's responsibility to disable online payment and billing options such as autopay and paperless.

Owner's Signature

Owner's Phone

Owner's Email Address

<u>FOR DISTRICT USE ONLY</u>	CYCLE	1	2	3	4	50
	Employee: _____	Date: _____				