

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.

Owner's Signature

Owner's Phone

Owner's Email Address

FOR DISTRICT USE ONLY

CYCLE 1 2 3 4

Employee: _____

Date: _____