



Change Billing Address

PROPERTY INFORMATION:

Street Number: _____ Street Name: _____

Account Number: _____

ITRON Number: _____

CURRENT APPLICANT INFORMATION:

Owner: _____

Property Owners Name: _____

Applicant's Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver License Number: _____ State of Issue: _____

Telephone Number: ____/____/____ Email Address: _____

Spouse's Name: _____

Applicant's Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver License Number: _____ State of Issue: _____

Telephone Number: ____/____/____ Email Address: _____

New Mailing Address:

Street Number: _____ **Street Name:** _____

City: _____ **State:** _____ **Zip Code:** _____

I understand that changing the billing address(s) does not eliminate my ultimate responsibility to pay the bill in a timely manner.

Owner Signature: _____

Spouse Signature: _____

Fiscal Officer Signature: _____