

BILLING CHANGE FORM

DATE: _____

PID: _____

REQUESTED BY: PHONE MAIL COUNTER ON SITE

PERSON MAKING REQUEST: _____

CONTACT PHONE NO: _____ EMAIL: _____

PROPERTY OWNER: _____

M/B/L: _____ LOCATION: _____

(IF COMMERCIAL PROPERTY, VERIFY ADDRESS CHANGE FOR P. P.)

PP ACCT NAME: _____

PP ACCT #: _____

PP PROPERTY LOCATION: _____

IF NAME CHANGE, PRINT HERE: _____
ATTACH SUPPORTING DOCUMENTATION

REQUESTED CHANGE:

OLD BILLING ADDRESS: _____

NEW BILLING ADDRESS: _____

REMOVE EXEMPTION(S): HOMESTEAD VETERAN BLIND

SIGNATURE: _____

DATE RECORD CHANGED: _____

FISCAL YEAR AFFECTED: _____

TAKEN BY: _____