

## BILLING CHANGE FORM

DATE: \_\_\_\_\_

PID: \_\_\_\_\_

REQUESTED BY:  PHONE  MAIL  COUNTER

PERSON MAKING REQUEST: \_\_\_\_\_

CONTACT PHONE NO: \_\_\_\_\_ EXT # \_\_\_\_\_

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: \_\_\_\_\_