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Office Hours:  
 Mon. - Thurs. 7 A.M. - 4:00 P.M.  
 Alternate Fri. 7 A.M. - 3:30 P.M.  
 Closed every other Friday

## Name and/or Address Change Form

**OWNERS ONLY:** Please fill out **COMPLETELY & LEGIBLY**

<b>Eight (8) Digit Account Number:</b>
<b>Service Address:</b>

I WANT TO:    **Add tenant:**     **Remove tenant:**     **Change mailing address:**

### New Billing & Mailing Information:

<b>Check one:</b> Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		<b>Name:</b>	
<b>Bills Are Sent To:</b>	<b>Address:</b>		
	<b>City, State:</b>	<b>Zip+4 Code:</b>	-
<b>Email:</b>	<b>Phone:</b>		

I, the undersigned, do hereby affirm that I am the shareholder/owner of the property at the service address shown above and hereby grant permission to the holder of this Affidavit, who I have identified above as the primary payor, to institute water service at the above service address.

In granting this permission, I, the undersigned, guarantee full payment of any water charges remaining unpaid on this account regardless of the physical name on the bill. I also recognize the fact that no new applications will be processed for service at this address until all such unpaid charges are paid in full.

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(PRINT SHAREHOLDER / OWNER NAME)

**Owner Mailing Address Change:** Check mark box if same as above

<b>Owner Name (Print):</b>			
<b>Address:</b>			
<b>City, State:</b>	<b>Zip+4 Code:</b> -		
<b>Email:</b> <small>(WILL BE USED FOR ANNUAL MEETING PROXY)</small>	<b>Phone:</b>		

<b>Owner Signature:</b>	<b>Date:</b>
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\*\*\*Existing Auto Debit will be canceled once address change form is processed\*\*\*

**SHAREHOLDER / OWNER RESPONSIBILITY**