

1040 El Campo Drive
 Pasadena, CA 91107-5506
 (626) 287 – 5238
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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**

Eight (8) Digit Account Number:
Service Address:

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

New Billing & Mailing Information:

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

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, _____, declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____, 20____.

Owner Mailing Address (if different from above): Check mark box if same as above

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

Owner Signature:	Date:
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*****Existing Auto Debit will be canceled once address change form is processed *****

SHAREHOLDER / OWNER RESPONSIBILITY