



2922 EVERGREEN PARKWAY • SUITE 320 ▪ EVERGREEN, CO 80439  
PHONE: 303.674.3379 ▪ FAX: 303.674.3380

**BILLING INFORMATION CHANGE REQUEST FOR  
PROPERTY OWNER**

The District only sends bills to property owners at the property address unless a signed authorization is submitted by the property owner asking the District to send bills to an alternate address and/or alternate name. This form should only be used to request changing the billing address for the owner from the property address to an alternate address of the owner. This form may also be used for a change in the current owner’s name due to marriage, divorce or death of an owner. Legal proof of the owner’s name change must be provided.

**IF THE OWNER DOES NOT PAY THE BILL:** By signing this form, the property owner acknowledges that they are responsible for the payment of the District’s bills and for notifying the District of any billing address and name changes. All charges billed for a property remain as an encumbrance on the property until paid and is subject to the Rules and Regulations of the District. Delinquent accounts are subject to water service disconnection under the Rules and Regulations of the District. Delinquent accounts may also be subject to liens and collection on the property tax bill for the property.

**IF THE ADDRESS CHANGES:** It is the responsibility of the property owner to notify the District in writing if they want to change the billing address back to the property address or to a new alternate address, as well as for any legal name changes.

PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY OWNER(S) NAME: \_\_\_\_\_

PROPERTY OWNER(S) NEW NAME (if applicable): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ALTERNATE MAILING ADDRESS FOR THE BILL IF NOT THE PROPERTY ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE CHANGE TO BE EFFECTIVE: \_\_\_\_\_

Your signature below indicates that you understand and agree to the terms as described above.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date