



# CITY OF LAUDERHILL

## UTILITY BILLING CHANGE FORM

OWNER

TENANT

BILLING ADDRESS

Date: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

Owner's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Service Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### BILLING ADDRESS

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*I understand that the owner is responsible for all account activity. Arrangements made between the owner and other parties do not relieve this responsibility. Utility bills are also available by registering at [www.lauderhillbillpay.com](http://www.lauderhillbillpay.com)*

\_\_\_\_\_  
Owner Print Name

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

\_\_\_\_\_  
Driver's License Number

Processor: \_\_\_\_\_

Date: \_\_\_\_\_

THIS FORM CAN BE MAILED TO: 5581 W Oakland Park Blvd. Lauderhill, FL 33319

FAXED: 954-730-4239

EMAILED: [Finance\\_Notifications@lauderdale-fl.gov](mailto:Finance_Notifications@lauderdale-fl.gov)