



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: _____

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

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