



## Account Change Request

ACCOUNT INFORMATION	
Service	UB
Location	Acct#
Requested Change	Effective Date
Other Notes	Change Requested
Email	Phone

TENANT/MANAGER INFORMATION		
Last Name	First Name	Customer #
Company Name		
Service Address	Apt./Unit #	
City		
State	State	ZIP
Email	Phone	

OWNER INFORMATION		
Last Name	First Name	Customer #
Company Name		
Service Address	Apt./Unit #	
City		
State	State	ZIP
Email	Phone	

SIGNATURE	
Signature	Date

Submit completed form to Finance by mail, fax, in person, via drop box located on 3rd Ave. one block North of City Hall.  
 Mailing address: City Hall, Attn: Finance, 15 N. 3rd Ave., Walla Walla, WA 99362-1859. Fax (509) 524-7920