

CITY OF STOCKTON • UTILITY BILLING PO BOX 1571, STOCKTON, CA 95201 P (209) 937-8295 • F (209) 937-8051 EMAIL • <u>UTILITIES@STOCKTONCA.GOV</u> HOURS • 8:00 AM – 5:00 PM MON – THU AND EVERY OTHER FRI

## **Nonresidential Storm Drain Mailing Address Change Request**

Date:	L:	
Account Number:		
Service Address:		
Property Owner:		
Owner Mailing Address:		
Owner Contact Number:		
Nonresidential Storm Drain Server my name and be mailed in care Code §13.16.280, I am respons my property. This will include a while my tenant is receiving the not be able to discuss the bill of	listed above, I am requesting to have the monthly utility be ice mailed directly to my tenant. I understand that the bill will remote the address I have provided below; and that per Stockton Munible for payment of any and all storm drain service charges relating penalties, fees, or fines accrued due to late or missing paymbill. I am also aware that due to Privacy laws, the City of Stockton account history with my tenant even while it is being mailed to nsibility to notify the City of Stockton should there by any change perty.	ain in licipal ted to ments on will their
Please mail future billings to:	C/O	
	<u> </u>	
Signature	Date	

When completed, please sign and return this form to the Utility Billing Customer Service Unit. You may submit your request by mail, fax, or email. All contact information has been provided above along with the telephone number, should you have any questions about your service or this change request.