



Contact Name / Mailing Address Update Form

CURRENT WATER BILLING INFORMATION

Service Address: _____

Company Name: _____

Contact Name: _____

Title: _____

Phone: _____

Email: _____

Fax: _____

Mailing Address: _____

NEW INFORMATION

Company Name: _____

Contact Name: _____

Title: _____

Phone: _____

Email: _____

Fax: _____

Mailing Address: _____

1. Water Account # _____

2. Backflow Serial Number _____

3. Backflow Serial Number _____

4. Backflow Serial Number _____

Requestor's Name _____ Phone _____

Signature _____ Date _____

Please fill out the form and return to: Cross Connection Control Office, P.O. Box 1990, Santa Barbara, CA 93102 Fax (805) 897-1991

Any additional water account numbers are to be listed on a separate form.