



## CEDARPINES PARK MUTUAL WATER CO.

21853 CREST FOREST DR. P.O. BOX 9259 CEDARPINES PARK, CA. 92322 (909) 338-1821 FAX (909) 338-7311

# CHANGE OF ADDRESS

BOOK \_\_\_\_\_ ACCOUNT \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (MI) (Last)

BILLING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

PLEASE CHANGE MY ADDRESS TO:

NAME: \_\_\_\_\_  
(First) (MI) (Last)

BILLING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

I understand that is my responsibility to contact the office with any change of billing address.

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Board of Directors**  
*President – Perry Dahlstrom*

*Vice-President – Ronald Albright*  
*Treasurer – Donald Pederson*

*Secretary – Wilfred Steiner*  
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