



City of Angels Utility Customer

Tenant Authorization

Request Date for Change:

Current Account Number:

Owner Name:

Owner Phone:

Owner Email:

Owner Mailing Address for Past Due:

Service Address:

Requested Tenant Information

Tenant Name:

Tenant Phone:

Tenant Mailing Address:

I certify that I am authorizing the tenant to receive the billing statement on my account and that all charges are the responsibility of myself (the owner) if they go delinquent. Failure to pay can result in a lien on the property: