

# Customer Change of Billing Address

Monthly bills will be sent to the owner of the property only per District Ordinance 07-01-O Section 7.04  
The usage fees or other costs or charges provided by this Ordinance or established by Board resolution  
shall be payable from the bills rendered to the property owner by the district for each calendar month.

Account # \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Cell

Is this property your residence or a rental? \_\_\_\_\_

How many homes/units are on the parcel? \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Please Complete and Return to: Harbor Sanitary District  
P.O. Box 2457  
Brookings, OR 97415  
or email to: [harborsan@frontier.com](mailto:harborsan@frontier.com)