



County of San Diego, Planning & Development Services
**CHANGE OF ADDRESS REQUEST FOR
TRUST ACCOUNT CUSTOMERS**
SUPPORT SERVICES DIVISION

IMPORTANT: This form will change the address for all accounts under this Customer Number.

Please review the instructions for this form on the reverse side. If you have any questions regarding the completion of this form, please call: (858) 694-2320.

Effective Date: _____

Customer Name: _____

Customer #: _____

Email: _____

Work Phone: _____

Please include the (area code)

Cell Phone: _____

Please include the (area code)

Old Address: _____

Street Address City State Zip Code

New Address: _____

Street Address City State Zip Code

Authorized Signature: _____ Date: _____

----- OFFICIAL USE ONLY -----

Date Received: _____

Date Processed: _____

Processed By: _____



County of San Diego, PDS, Support Services Division

Continued

INSTRUCTIONS

- Effective Date:** Enter the effective date of the requested change.
- Customer Name:** Enter the Customer Name as is appears on the Trust Account Billing Statement.
- Customer #:** Enter the 7-digit Customer Number located on the top left side of the Trust Account Billing Statement.
- Note:** Submittal of this form will change the address of all County of San Diego accounts under this Customer Number.*
- Phone #'s:** Enter the daytime work and cell phone numbers. Please include area codes and any extension numbers.
- Email:** Enter the customer's preferred email address.
- Old Address:** Enter the Old Address as it appears on the Trust Account Billing Statement.
- New Address:** Enter the New Address. Please include any Office, Suite, or Apartment Numbers. Please also include the City, State & Zip Code+4.
- Authorized Signature:** Authorization Signature must be the Financially Responsible Party's signature.
- Send via US Mail or deliver to:** PLANNING & DEVELOPMENT SERVICES
TRUST ACCOUNT CUSTOMER SERVICE UNIT
5510 OVERLAND AVE STE 310
SAN DIEGO CA 92123-1239
- Or via email to:** PDSDevDep@sdcounty.ca.gov