



NAME/ MAILING ADDRESS CHANGE REQUEST

City of Chula Vista | Finance Department
276 Fourth Avenue
Chula Vista, CA 91910
(619) 691-5117/ cvsewer@chulavistaca.gov

The City of Chula Vista Sewer Billing Division will update the account name under specific circumstances per Utility Billing Policy 900-03. Please select the type of update requested. For an account name change, please select the most applicable situation and submit the required documentation.

Sewer Account Number: _____

Select the Change Requested:

- Update the account holder's name (select the applicable situation below).
- Update mailing address for bills.

If you do not meet one of these circumstances, **you must contact Sweetwater Authority to open a new account.**

- Marriage – marriage certificate required.
- Divorce – finalized petition or court order/ documents required.
- Death of spouse – death certificate required.
- Power of attorney for the account holder has been granted – power of attorney documentation required.
- Legal Name Change – provide supporting documentation.

New Name (if applicable): _____
Last First MI

New Mailing Address (if applicable): _____
Street City State Zip Code

Phone Number: _____ Email: _____

CERTIFICATION

I, the undersigned, declare under penalty of perjury, that I am authorized to make this statement and that to the best of my knowledge, the statements herein, and any attachments hereto, are true and correct.

Name (*Please Print*)

Signature Date