



Landlord Reversion Customer

Information Update Form

Customer/Company Name: _____

Billing/Mailing Address: _____

Email Address: _____

Contact Phone Number: _____

Tax ID Number: _____ **OR Social Security #:** _____

Service Address(es)

If more space is needed please include a separate list of LLR addresses with this form

Authorized Users: Please include name and contact information

Representative Name: _____ **Date:** _____

Representative Signature: _____

****Please return with a copy of your Photo ID****

Sewer Utility • Solid Waste Utility • Stormwater Utility • Water & Light



573.874.7380
573.874.CITY (2489)



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Our vision: Columbia is the best place for everyone to live, work, learn and play.