



Phelan Piñon Hills Community Services District  
4037 Phelan Road, Suite C-1 • P. O. Box 294049 • Phelan, CA 92329-4049  
(760) 868-1212 • Fax (760) 868-5072

## ACCOUNT UPDATE FORM

ACCOUNT NUMBER: \_\_\_\_\_  
(Mandatory in order to change information on the account)

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Mailing Address:

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

By checking the below box, I certify that I am the person legally responsible for the above account and I authorize the changes noted above.

\_\_\_\_\_  
Type full legal name (as shown on trust deed)

**WATCH YOUR BILLS FOR EXCITING INFORMATION ABOUT NEW OPTIONS TO  
VIEW AND PAY YOUR ACCOUNT ONLINE**