



BHE CHANGE OF ADDRESS FORM

To Whom It May Concern:

CURRENT BILLING ADDRESS:

Homeowner Name(s): _____

Association Account Number: _____

Address: _____

City/State/Zip: _____

Please mail all monthly association dues and correspondence to:

NEW BILLING ADDRESS:

Homeowner Name(s): _____

Address: _____

City/State/Zip: _____

Should you have any questions or concerns I may be contacted at:

Phone: _____

E-mail: _____

Thank you,

Homeowner Signature(s)