

# LANDOWNER ADDRESS CHANGE FORM



The purpose of this form is to request changes to the address information used by Crown Castle to process tower rental payments and other communication. **This form should not be used to change, add, or remove names/owners. This form should not be used to request a direct deposit set up.**

Please return form to: **2000 Corporate Drive, Canonsburg, PA 15317, Attn: Business Information Systems.**  
You may fax this form directly to Business Information Systems at **(724) 416-6471** or email to **ContractServices@crowncastle.com**

- ☐ I/We have had a change in our address information. Please update your records to reflect this change. I understand that this new information will go through a validation process that may take up to 30 days. Incomplete forms will not be processed and will result in further delays.

**CROWN BUSINESS UNIT** (Note: This is the number assigned to the tower.  
Business Units begin with an "8" and have 6 digits. *Example: 800123*).

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**CURRENT PAYMENT ADDRESS**     **NOTE:** If currently signed up for Direct Deposit, write in "Direct Deposit" for payment address.

NAME PER LEASE	
ADDRESS (number, street and apt. or suite number)	
CITY, STATE AND ZIP CODE	
PHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

**CURRENT CORRESPONDENCE ADDRESS**     **NOTE:** If same as payment address you may write in "same as above".

NAME PER LEASE	
ADDRESS (number, street and apt. or suite number)	
CITY, STATE AND ZIP CODE	
PHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

**NEW PAYMENT ADDRESS**      **NOTE:** If currently signed up for Direct Deposit, write in "Direct Deposit" for payment address.

NAME PER LEASE	
ADDRESS (number, street and apt. or suite number)	
CITY, STATE AND ZIP CODE	
PHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

**NEW CORRESPONDENCE ADDRESS**      **NOTE:** If same as payment address you may write in "same as above".

NAME PER LEASE	
ADDRESS (number, street and apt. or suite number)	
CITY, STATE AND ZIP CODE	
PHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

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**All** parties to the lease or legal representatives must sign below. **Documentation for all representative signatures must accompany this form including power of attorney or property management firm agreements.**

I/We, authorize the above change to my/our Address Information. All parties to lease must sign below.

SIGNED

\_\_\_\_\_

PRINT

\_\_\_\_\_

DATE

\_\_\_\_\_

I /We, authorize the above change to my/our Address Information. All parties to lease must sign below.

SIGNED

\_\_\_\_\_

PRINT

\_\_\_\_\_

DATE

\_\_\_\_\_