LANDOWNER ADDRESS CHANGE FORM

EMAIL ADDRESS



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

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NEW PAYMENT ADDRESS

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representatives must sign below. Documentation for all representative signatures must accompany th e to my/our Address Information. All parties to lease must sign below.
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