

Group Address Change Form

Please fill out completely and submit to CoPower via fax at 650.348.1149 or email at requests@copower.com.

General Information	
CoPower ID#:	
Group Name:	
Group Contact Person:	
Contact Phone Number:	
Contact Email Address:	

New Physical Address	
Street Name (including suite):	
City:	
State:	
Zip Code:	
New Telephone Number:	
New Fax Number:	

Is the billing address different from the physical address? If "Yes," fill out the following section.

Yes No

New Billing Address	
Street Name (including suite):	
City:	
State:	
Zip Code:	
Address Change Effective Date:	

 SIGNATURE OF PERSON COMPLETING FORM

 DATE