

## Landlord Amendment Agreement

,(First an					d Last name) on behalf	
of	(Custo	mer	of reco	ord/Respo	nsible party) request	
that the following address(es), to	be ad	ded	to my	current	Landlord Automatic	
Transfer of Service Agreement.						
Address(es)					Effective date(s)	
					MM/DD/YYYY	
					MM/DD/YYYY	
Mail to:						
APS Landlord Services PO Box 53933 Mail Sta. 3204 Phoenix, AZ 85072-3933						
Email to: businesscare@aps.com						
Customer signature					Date	
Customer's phone number					MM/DD/YYYY	

For APS Use Only: Reference #