

**UNIVERSITY OF CALIFORNIA, SANTA BARBARA
COMMUNICATIONS SERVICES
RESIDENTIAL CABLE TELEVISION CHANGE-OF-CUSTOMER NOTIFICATION**

Use this form **only** if you are moving out of a residence hall room **and** one of your roommates wants to retain this cable television service, assuming responsibility for all charges incurred. If none of your roommates wants to retain this service, complete a RESIDENTIAL CABLE TELEVISION DEACTIVATION REQUEST instead. Please print legibly or type.

Current Customer Name (as it appears on billing summary)	Perm Number	Telephone Number	
Residence Hall (where television service is installed)		Room Number	
Mailing Address for Final Bill (Street Address or P.O. Box)	City	State	Zip Code

The **NEW** customer should complete the following section.

New Customer Name (as it should appear on billing summary)	Perm Number	Change of Customer Date	
New Mailing Address (Street Address or P.O. Box)	City	State	Zip Code
Permanent Mailing Address (Street Address or P.O. Box)	City	State	Zip Code
E-mail Address: _____			
<p>Service Agreement: I have read the UCSB Residential Cable Television Policies printed on the reverse side of this form. I understand these policies, and agree to abide by them. I agree to make prompt and timely payment on all bills issued to my account for cable television services. I further agree to notify the UCSB Communications Services department, on forms provided by them, if I decide to discontinue my cable television services, or change my room or address.</p>			
Signature: _____		Date: _____	

Mail or deliver completed form to:

Communications Services
Public Safety Building
University of California
Santa Barbara, CA 93106-1020

Please do not write below this line.

Date Activated	Date in Database	By	Work Order Number
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(CTV3-8/04)