

LANDOWNER OWNERSHIP CHANGE FORM



The purpose of this form is to notify Crown Castle of a change of ownership under an existing lease or similar agreement. Once this completed form has been received by Crown Castle with all required supporting documentation, all payments due under the applicable lease/agreement will be paid to the new lessor/owner as set forth below. If you have any questions, you may send an email to real.estate@crowncastle.com. Please return this form and required attachments to: Email: real.estate@crowncastle.com or Mail: Crown Castle, 2000 Corporate Drive, Canonsburg, PA 15317, Attn: Real Estate Contract Operations – Tower Expense.

☒ **I/we are informing Crown Castle of a change** in the lessor/owner interest in an existing lease/agreement. Please update Crown Castle's records to reflect this change. I understand that this new information may go through a one-month waiting period upon receipt of all documentation before any payments and/or notice letters are sent to the new address. I understand that in order for Crown Castle to make this change, **both proof of ownership and Form W-9** for the new lessor/owner are required. To this end, I have attached the following: (please select)

PROOF OF OWNERSHIP

☐ Deed

☐ Will/Probate Record

☐ Death Certificate

☐ Other (i.e., assignment, purchase agreement)

☐ Form W-9

You can find form W-9 under the property owners section of our website (www.crowncastle.com)

In the future, please reference the Business Unit Number in all communications regarding this site.

If the legal owner of the property has instructed Crown Castle to send the payments to someone other than him/herself, the legal owner remains the mandatory recipient of the tax form 1099 and is responsible for any tax implications on the payments.

CROWN CASTLE BUSINESS UNIT NUMBER

Note: This is the six or seven digit number assigned to the tower or site location.

NEW LESSOR/OWNER (IF MULTIPLE LESSORS/OWNERS, ATTACH ADDITIONAL PAGES)

NAME	San Bernardino County Fire Protection District
BUSINESS NAME (if different than above)	
ADDRESS (number, street and apt. or suite number)	157 W. 5th Street, 2nd Floor
CITY, STATE AND ZIP CODE	San Bernardino, CA 92415
PHONE NUMBER	909-387-5974
FAX NUMBER	909-387-5542
EMAIL ADDRESS	

I/We, Dawn Rowe *(please print)* authorize the above change and have attached Proof of Ownership, as noted above, and a W-9 form for processing. The undersigned represents he/she/they are authorized to submit this form and that the information provided herein is true and correct. Additionally, the undersigned agree(s) to indemnify and hold Crown Castle companies harmless from and against any and all liability, claims, demands, suits or causes of action arising out of any actions taken by Crown Castle resulting from the submission of this form including the payments to the New Lessor/Owner.

SIGNED _____ DATE _____

SIGNED _____ DATE _____