

CHANGE OF PAYEE REQUEST FORM



Please return this form along with the requested documentation, if any, to the address listed below. To expedite this matter, you may fax documents to Andrea Carty, David Provencher, Jessica Breau or Juliana Gomez in Site Administration at fax number (561) 226-3501 or email to acarty@sbsite.com, dprovencher@sbsite.com, jbreau@sbsite.com or jgomez@sbsite.com

Mailing Address: SBA Communications and its Subsidiaries, Attn: Site Administration
8051 Congress Avenue, Boca Raton, FL 33487-1307

SITE ID:	SITE NAME:
SITE ADDRESS:	

_____ as Owner(s) of the above-referenced property, would like to appoint the following person(s)/entity as the payee:

Current Owner/Payee:

Name	
Address (number, street, etc.)	
City, State and Zip Code	
Percentage of Rent	100%

New Payee:

Name	
Address (number, street, etc.)	
City, State and Zip Code	
Percentage of Rent	
Home and/or Office Phone #	
Fax #	
Email Address	

I, WE _____ authorize the above change(s) and have attached the applicable W-9 form for processing.

Signed: _____ Date: _____
 Print Name: _____
 Title: _____

STATE OF _____ }
 } .ss:
 COUNTY OF _____ }

Sworn to and subscribed before me this _____ day of _____, 20____, by _____.
 He/she/they is (are) personally known to me or has produced _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid the _____ day of _____, 20____.

Sign Name: _____
 Print Name: _____

Notary Public

My Commission expires on: _____