CITY OF SAN LUIS
BILLING & COLLECTIONS DIVISION
(Water-Sewer-Garbage Services)

REQUEST FOR CHANGE OF MAILING ADDRESS

Name: _____ Acct. No.: _____
Last First M.I.

Service Address: _____
City State Zip

Phone: _____

New Mailing Address: _____
City State Zip

E-mail Address: _____

Comments:

With your signature you are formally requesting and agreeing for the change of mailing address on your utility account.

_____ _____
*Account Holder Signature Date

*Signature has to be same as on utility contract.

P.O. BOX 3750 | 1090 E UNION ST | SAN LUIS, AZ 85349 | PHONE (928) 341-8570 | FAX (928) 341-8549
Office Hours: Monday ~ Thursday 7:00am ~6:00pm
www.cityofsanluis.org or www.xpressbillpay.com