



CITY OF SAN LUIS BILLING & COLLECTIONS DIVISION

(Water-Sewer-Garbage Services)

REQUEST FOR CHANGE OF MAILING ADDRESS

Name:	<input type="text"/>	Acct. No.:	<input type="text"/>
	<small>Last First M.I.</small>		
Service Address:	<input type="text"/>		
	<small>City</small>	<small>State</small>	<small>Zip</small>
Phone:	<input type="text"/>		
Current Mailing Address:	<input type="text"/>		
	<small>City</small>	<small>State</small>	<small>Zip</small>
New Mailing Address:	<input type="text"/>		
	<small>City</small>	<small>State</small>	<small>Zip</small>
E-mail Address:	<input type="text"/>		

*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.