

TO: Utility Billing Department
 Village of Angel Fire
 PO Drawer 489
 Angel Fire, NM 87710
 Phone: 575.377.3232 Fax: 575.377.3280 Email: amuehleisen@angelfiren.m.gov

SUBJECT: Notice of Change of Address

Please change the billing address for the properties/accounts listed below.

OWNER OF RECORD	SUB DIVISION	LOT	STREET ADDRESS	ACCOUNT#

BILLING ADDRESS		
	OLD	NEW
ATT		
STREET		
CITY		
STATE		
ZIP		
PHONE		
FAX		
EMAIL		

EFFECTIVE DATE of CHANGE: _____

SIGNEE NAME: _____
 (please print)

SIGNATURE _____ DATE _____

STAFF USE ONLY		
	Operator Name	Date
Contact Record Verified/Updated		
Address Record Verified/Updated		
Address Assigned to Applicable Accounts		