



# UTILITY BILLING DEPARTMENT

RETURN THIS FORM TO:

VILLAGE OF ANGEL FIRE  
 PO DRAWER 489  
 ANGEL FIRE, NM 87710  
 575-377-3232

## NOTICE OF CHANGE OF ADDRESS

OWNER OF RECORD	SUBDIVISION	LOT #	STREET ADDRESS	ACCOUNT #

## BILLING ADDRESS INFORMATION

	OLD ADDRESS	NEW ADDRESS
ADDRESS		
CITY		
STATE		
ZIP CODE		
PHONE		
EMAIL		

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_  
 (PLEASE INDICATE)

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED SIGNATURE \_\_\_\_\_

## OFFICE USE ONLY

	OPERATOR NAME	DATE
CONTACT RECORD VERIFIED/UPDATE		
ADDRESS RECORD VERIFIED/UPDATED		
ADDRESS ASSIGNED TO APPLICABLE ACCOUNTS		