

Location: \_\_\_\_\_

Direct Pay: \_\_\_\_NO \_\_\_\_ Yes

**PAGOSA AREA WATER & SANITATION DISTRICT  
CHANGE OF ADDRESS REQUEST**

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**REASON:**

New Mailing Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Tenant has relocated / revert to owner's mailing address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature