

St. Johns County Board of County Commissioners

Utility Department – Customer Service

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CHANGE OF MAILING ADDRESS

Date:	_ Account Number:	unt Number:		
Requester (Must be Account Holder):				
Contact Telephone Number:	Driver License Nu	mber (Required):		
Last Four Digits of Social Security Number (Rec	quired):			
Email Address:				
Service Address:				
New Mailing Address:				
Street:	Apt. Number:			
City:	State:	Zip Code:		
Requester/Account Holder Name Sign	nature	 Date		