



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Arizona Registered Sanitarian Address/Name Change Request Form

As per [AAC R9-16-406](#), registered sanitarians must send written notice of a change in name or mailing address to the Sanitarian Council within 30 days from the date of the change.

CONTACT INFORMATION ON FILE			AZ Registered Sanitarian #:	
NAME				
First Name	Middle Initial	Last Name		
MAILING ADDRESS				
Street		City	State	Zip

Email Address:	Phone Number:
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NEW CONTACT INFORMATION (Leave sections blank if no changes are necessary):				
NAME	No Change			
First Name	Middle Initial	Last Name		
MAILING ADDRESS	No Change			
Street		City	State	Zip

To email your completed form to the Arizona Sanitarians' Council, click here:

Alternatively, print and mail to:

Arizona Sanitarians' Council
150 North 18th Avenue, Suite 220
Phoenix, Arizona 85007

Arizona Sanitarians' Council
150 North 18th Avenue, Suite 220 Phoenix,
Arizona 85007
Ph: 602-364-3118 | Fax: 602-364-3146
Health and Wellness for all Arizonans