

FOR ADDRESS CHANGE OR ADDRESS VERIFICATION
PLEASE PRINT

CLERK'S OFFICE

TODAY'S DATE _____

NAME _____

OLD ADDRESS

STREET OR P.O. BOX _____

CITY _____ **STATE** _____

ZIP-CODE _____ **PHONE NUMBER ()** _____

NEW ADDRESS

STREET OR P.O. BOX _____

CITY _____ **STATE** _____

ZIP-CODE _____ **PHONE NUMBER ()** _____