

# ADDRESS CHANGE FORM

PLEASE PRINT CLEARLY

NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT THAN ABOVE

\_\_\_\_\_

PHONE \_\_\_\_\_

DATE MOVED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FORM MUST BE FILLED IN COMPLETELY**

FOR OFFICE USE ONLY	
PRECINCT: FROM _____ TO _____	JUSTICE COURT _____
REPRESENTATIVE _____	SCHOOL: FROM _____ TO _____
SENATE _____	SUPERVISOR _____