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REQUEST FOR CHANGE OF ADDRESS

This document MUST be filed as a Please ensure this form is notarized	-	• •	.txcourts.gov//	
Date:	Case # :			
I,follows:	, request that my mailing	address be changed and/	or updated. My new mai	ling address is as
Street:				
City:	State	e:	_ Zip:	
Phone:				
Email:				
Please indicate below if your phys	ical address is different than	n your mailing address:		
Street:				
City:St	ate:Zip:			
		Signature		
Notary Signature/Stamp				

** A Notary signature and stamp is required to deter from fraud and to ensure proper execution.

Revised: 4/25/20