



**Return to: VY**  
Fax: 651-287-8067  
Phone: 651-675-4533

## OWNER ADDRESS CHANGE FORM

Owner/Acct Name : \_\_\_\_\_

Acct Number (if known): \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Old Address: \_\_\_\_\_

Request to change the address for checks and other correspondence to:

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date the address change is requested to take place:** \_\_\_\_\_

**Contact / Owner Info: Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Only the Owner's Authorized Representative can complete the following:**

*I certify that I am the legal owner or the legally designated agent for the above referenced account and that the information provided is true and accurate.*

Print Representatives Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative's Signature: \_\_\_\_\_

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For Office Use Only: \_\_\_\_\_

Owner Information Updated in System. Date Completed \_\_\_\_\_