



# Camterra Resources

P.O. Box 2069  
Marshall, TX 75671  
Ph: 903-938-9949  
Fax: 903-938-1211  
Email: [ownerrelations@camterra.com](mailto:ownerrelations@camterra.com)

## Owner Relations CHANGE OF ADDRESS FORM

*Your printed name and signature below are REQUIRED to complete this request. ALL change of address requests must be made in writing. No email requests will be accepted unless they are submitted on this form. Processing time may take 4-6 weeks.*

Owner Name: \_\_\_\_\_

Owner No.: \_\_\_\_\_ SSN/Tax I.D.No. \* \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

To Update Address: \_\_\_\_\_ General Correspondence \_\_\_\_\_ Revenue \_\_\_\_\_ Billing \_\_\_\_\_ All Other \_\_\_\_\_

New Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (w/Area Code) Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_

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

### TERMS OF ACCEPTANCE AND SIGNATURE:

*I, the requestor for this Change of Address Form warrant the truthfulness of the information provided by this submission. I understand that an electronic signature has the same legal effect and can be enforced the same way as a written signature.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\* If your SSN or Tax ID Number is already on file, only insert the last four (4) digits of it. If you are not sure or do not have your SSN or Tax ID Number on file, then provide the entire number.**

You can mail, fax or email this form:

**Mail:** Camterra  
Attention: Owner Relations  
P.O. Box 2069  
Marshall, TX 75671

**Fax:** (903) 938-1211  
Attention: Owner Relations  
**Email:** [ownerrelations@camterra.com](mailto:ownerrelations@camterra.com)