



**Owner Relations
CHANGE OF ADDRESS FORM**

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

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. Your SSN or Tax ID Number is required for identity verification and to prevent backup tax withholdings from future revenue distributions.**

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