

CHANGE OF ADDRESS - *Please print out this form, fill in the requested information and return to the Division Order Department by one of the following methods:*

By Mail:

Valence Operating Company
Attn: Division Order Department
600 Rockmead Dr., Suite 200
Kingwood TX 77339

By Fax:

(832) 644-7145

_____ **Owner/Company Name** _____ **Owner No.**

This form is being submitted to inform you of my/our new mailing address. To assist you in this process, please note the following:

OLD ADDRESS: (Address currently reflected on our records)

Address: _____

SSN/Tax ID No.: _____

NEW ADDRESS: _____

**Include Apartment Number, if applicable*

SSN/Tax ID No: _____

Phone (Home/Office) _____

Phone (Cell) _____

Fax Number _____

Email Address _____

VERIFIED: *(Please Sign Below)*

_____ **Full Name* _____
Signature of Owner/Representative **(PRINT) Name of Owner/Representative**

_____ **Date**