

CHANGE OF ADDRESSCriminal and Traffic Division

Name:	Case Number(s):
NEW ADDRESS	
Name	
Address	
City, State Zip	
Signature	Date
Driver's License Number/ID Number	
Phone Number	
The foregoing instrument was acknowledged before me	on this day of, 20
Notary Public/ Deputy Clerk Copy of valid ID shown Personally known	

Note: The correspondence address is updated for the case number(s) listed. Please add additional case numbers if applicable.