Date: _____

Mail To:

Postmaster

_____

City, State, ZIP Code

REQUEST FOR CHANGE OF ADDRESS OR BOXHOLDER INFORMATION NEEDED FOR SERVICE OF LEGAL PROCESS

Please furnish the new address or the name and street address (if a boxholder) for the following:

Name:_____

Last Known Address:_____

Note: Only one request may be made per completed form. The name and last known address are required for change of address information. The name, if known, and Post Office box address are required for boxholder information.

The following information is provided in accordance with 39 CFR 265.14(d). There is no fee for providing boxholder or change of address information.

1. Capacity of requester (e.g., process server, attorney, party representing self):_____
2. Statute or regulation that empowers me to serve process (not required when requester is an attorney or a party acting pro se - except a corporation acting pro se must cite statute). Requesters are encouraged to enclose a copy of the statute or regulation for faster processing:
3. The names of all known parties to the litigation:_____
4. The court in which the case has been or will be heard:_____
5. The docket or other identifying number (a or b must be completed):
   ____ a. Docket or other identifying number: _____
   ____ b. Docket or other identifying number has not been issued.
6. The capacity in which this individual is to be served (e.g., defendant or witness): _____

WARNING

THE SUBMISSION OF FALSE INFORMATION TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO $10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in conjunction with actual or prospective litigation.

_____ _____

Signature Address

_____ _____

Printed Name City, State, ZIP Code

POST OFFICE USE ONLY

_____No change of address order on file.

_____Moved, left no forwarding address.

_____No such address.

NEW ADDRESS OR BOXHOLDER'S NAME AND STREET ADDRESS

POSTMARK