



## CHANGE OF ADDRESS FORM

Owner Name: \_\_\_\_\_ (PLEASE PRINT) Owner/Payee Number: \_\_\_\_\_ (PLEASE PRINT)

Additional Owner Name: \_\_\_\_\_ (IF APPLICABLE) (PLEASE PRINT) Owner/Payee Number: \_\_\_\_\_ (PLEASE PRINT)

Name, if not owner: \_\_\_\_\_ (PLEASE PRINT) Owner SS#: \_\_\_\_\_ (LAST 4 DIGITS)

Old Address:

New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone or Email Contact: \_\_\_\_\_ (In the event we have questions while processing this form, please provide a telephone number/ email address where we can reach you)

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

Effective Date for New Address: \_\_\_\_\_

Once completed, please email,  
fax or mail this form to: \_\_\_\_\_ →

**EMAIL:** OwnerRelations@ArsenalResources.com

**FAX:** 800-428-0981 - ATTN: LLR Department

**MAIL:** Arsenal Resources  
ATTN: LLR Department  
6031 Wallace Road Ext.  
Suite 200  
Wexford, PA 15090

Should you have any questions, please contact us at OwnerRelations@ArsenalResources.com or 724-940-1299.

### OFFICE USE ONLY:

Received Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Updated On: \_\_\_\_\_

☐ Scanned

☐ Filed

File No.: \_\_\_\_\_