



Change of Address Form

Date: _____

Owner Number: _____

Owner Name: _____

Last 4 digits of Social Security Number: _____

Or

Last 4 digits of Tax Identification Number: _____

Telephone Number: _____

Email Address: _____

Previous Address: Street: _____

City, State: _____

Zip Code: _____

New Address: Street: _____

City, State: _____

Zip Code: _____

Note: When more than one owner is involved, all signatures are required to update address.

***By typing your name below, you are electronically signing this change of address form and acknowledging this has the same legal effect as a written signature.**

X Owner Signature

X Owner Signature

Please fill out form completely and send to address or email listed below in order for address to be updated in our records.

Tribune Resources, LLC
Attn: Owner Relations
3861 Ambassador Caffery Parkway, Suite 600
Lafayette, LA 70503
ownerrelations@tribuneresources.com