

**VERNON E. FAULCONER, INC.**



P O BOX 7995  
TYLER, TX 75711  
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**ADDRESS CHANGE FORM**

DATE: \_\_\_\_\_

|                      |  |
|----------------------|--|
| <b>OWNER NUMBER:</b> |  |
| <b>OWNER NAME:</b>   |  |
| <b>UNIT NUMBER:</b>  |  |
| <b>UNIT NAME:</b>    |  |
| <b>COUNTY/STATE:</b> |  |

Company policy requires that an address change request be in writing and signed **by the owner**. Please verify by signing the bottom of this letter, noting any corrections, and returning it to us. If you are a Power of Attorney and signing for the owner, you must provide a copy of your Power of Attorney with this form.

|                                 |                          |
|---------------------------------|--------------------------|
| <b>OWNER'S CURRENT ADDRESS:</b> | <b>SIGNATURE:</b>        |
|                                 | <b>SOCIAL SEC. NO. :</b> |
| <b>TELEPHONE NO.:</b>           | <b>DATE:</b>             |
| <b>FAX NO.:</b>                 | <b>EMAIL ADDRESS:</b>    |

**COMMENTS:** \_\_\_\_\_  
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