



CHANGE OF ADDRESS FORM

Owner Number: _____ Last 4-digits of Tax ID or SSN: _____

Owner Name: _____

OLD ADDRESS

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

NEW ADDRESS

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

ADDITIONAL INFORMATION

Contact Name: _____

Email Address: _____

Primary Phone: _____ Additional Phone: _____

Signature: _____ Date: _____

EMAIL OR MAIL TO: ACCOUNTING@TALLGRASSRESOURCES.COM

**TALLGRASS RESOURCES
1560 E 21ST ST, STE 215
TULSA, OK 74114**