



CHANGE OF ADDRESS FORM

OWNER NAME: _____ (print name)

OWNER NUMBER: _____ (if known)

(Example: 0001234 Found on your division order, or at the top of your revenue checks)

Last 4 digits of your Social Security number or Tax ID # _____

Telephone : (_____) _____ - _____

Previous Address: _____

New Address: _____

Email Address: _____

Date: _____

Owner Signature: _____

Scan & Email to:
LAND@PLELLC.COM

OR

Mail to:
6101 W Courtyard Dr., STE 2-125,
Austin, TX 78730