

Change of Address Form

Name on Account: _____

Owner #: _____

TIN or Social Security #: _____

Telephone #: _____

E-Mail: _____

In case we need to contact you regarding this request

Previous Address Information:

Current Address Information:

Signature

Date

Please fill out the above in entirety to request a change of address.
Please allow 4-6 weeks for our system to be updated with your current information.

Return to:

JAMEX, Inc.
2871 Lake Vista Dr., Ste. 200
Lewisville, TX 75067

You may fax to: Land Department – 972-407-8383

If you have questions please contact Blake Goddard at bgoddard@jamexinc.com or 214-265-7141 ext. 149