

**CHANGE OF ADDRESS FORM**

**Prior Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**New Address**

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
By:

\_\_\_\_\_  
Dated

**PLEASE RETURN YOUR COMPLETED FORM TO:**

**Bankruptcy Services LLC, 757 Third Avenue, 3<sup>rd</sup> Floor, New York, NY 10017, Fax: (646) 282 2501**