



# Change of Address Request

*Please complete this form and fax to 312-726-4405, or mail to the Chicago office. Confirmation of your request will be sent by mail to both the old and new address.*

## Performer

\_\_\_\_\_  
*First Middle Last*

\_\_\_\_\_  
*Last 4 digits of your Social Security #*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*email address*

## Old Address

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Apartment, Suite, Unit*

\_\_\_\_\_  
*City State Zip*

## New Address

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Apartment, Suite, Unit*

\_\_\_\_\_  
*City State Zip*

*I declare under penalty of perjury that the above information is true and correct.*

\_\_\_\_\_  
*Signature Date*

### **Spotlight Business Affairs (part of Extreme Reach, Inc.)**

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