

Name:	SSN or EIN:	Claimant #:
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<b>GCCF 2000-CA</b>	<b>GULF COAST CLAIMS FACILITY CHANGE OF ADDRESS REQUEST</b>
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You must complete this form and provide proof of change of address in order for the GCCF to process your change of address request.

<b>1. Name:</b>	Last	First	Middle
<b>2. Address on File with GCCF:</b>	Street		
	City	State	Zip
	Parish/County	Country	
<b>3. New Address:</b>	Street		
	City	State	Zip
	Parish/County	Country	
<b>4. Home / Cell Phone Number:</b>	( ) -	( ) -	
<b>5. Email Address:</b>			
<b>6. Date of Birth:</b>	/ / (Month/Day/Year)		
<b>7. Social Security Number or Individual Taxpayer Identification Number</b>	- -		

You must provide proof of your new address. Please indicate below the proof being provided and attach that proof to this form.

- Drivers' License with new address
- Government Issued I.D. with new address
- Utility or credit card bill with new address
- A property tax bill, statement, or receipt with new address
- Any letter or correspondence (including tax bills) received from the IRS or state tax office with new address
- Deed, mortgage, lease or rental agreement with new address and your name listed as the homeowner, lessee or renter
- First-class mail from any government agency with new address
- Checking or savings account statement with new address
- Vehicle Registration Card with new address
- W-2 Form or 1099 form with new address
- Check here if you do not have any of the foregoing types of proof of address and describe the proof being provided \_\_\_\_\_

I certify that the information provided in this Change of Address Form is true and accurate to the best of my knowledge.

<b>Signature:</b>		<b>Date:</b>	/ / (Month/Day/Year)
<b>Printed Name:</b>	First	Middle	Last
<b>Title, if a business:</b>			