

ATU REQUEST FOR NEW/CORRECTED ADDRESS

Date: _____

BEFORE ENTERING YOUR REQUISITION, provide information on the new address or correction to an existing address and fax this form to the Purchasing Department (968-0633). Purchasing will enter the new address or correct the existing one, note the assigned address number and return this form to the fax number listed below. Please indicate any address numbers that need to be deleted. If you have questions or need assistance, please call 968-0269.

From: _____
 (Department Name) (Departmental Fax No)

ACTION REQUESTED: _____ Additional Address _____ Change Existing Address
 _____ Address Number to be Deleted

T Number	
Name of Company or Sole Proprietor	
Dbn	
Street Address	
PO Box	
City, State, Zip	
Telephone Number	
Fax Number	
Web Site	
E-mail Address	

Requested By: _____
 (Signature)

Approved By: _____
 (Signature of Immediate Supervisor)

FOR PURCHASING USE:

Date Entered	
Initials	