

**UNITED STATES DISTRICT COURT
for the
EASTERN DISTRICT OF WASHINGTON
ADDRESS CHANGE FORM**

SECTION 1 INFORMATION		
a. Name		
Address on File (Old Address)		
b. Street		
c. City	d. State	e. Zip
f. Phone	g. Email	
SECTION 2 NEW ADDRESS		
h. Street		
i. City	j. State	k. Zip
l. Phone (if changed)	m. Email (if changed)	
SECTION 3 SUPPORTING DOCUMENTATION		
<p>n. Please provide the following required supporting documentation with this request (check and provide only ONE):</p> <p><input type="checkbox"/> A copy of a driver's license or other government issued ID that shows the new address</p> <p><input type="checkbox"/> A copy of a change of address form filed with the U.S. Postal Service</p> <p><input type="checkbox"/> A copy of an automobile or homeowner's/renter's insurance policy or bill</p> <p><input type="checkbox"/> A copy of a utility bill that shows the payee's name and new address</p> <p><input type="checkbox"/> Other – e.g., payroll check stub issued by an employer, voter registration card, mortgage statement, or lease agreement</p> <p>Organizational change:</p> <p><input type="checkbox"/> A letter requesting the change of address on the entity's letterhead and signed by an authorized representative</p>		
SECTION 4 DECLARATION		
<p>o. For Individual:</p> <p>By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.</p>	<p>p. For Representative of Individual or Organizational:</p> <p>I am the authorized representative of (name) _____, and I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.</p>	
Printed Name	Printed Name	
Signature	Signature	
Date	Date	

The completed form and supporting documentation should be sent to the Clerk's office by one of the following:

Email: Finance@waed.uscourts.gov

Mailing Address: P.O. Box 1493 Spokane, WA 99210

Delivery Address: 920 W. Riverside Suite 840 Spokane, WA 99201