



**Revenue Recovery - Change of Information Form**

*\*Required Fields*

First Name \*: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \*: \_\_\_\_\_

Date of Birth\* (MM/DD/YY): \_\_\_\_\_ Social Security Number \*: \_\_\_\_\_

Revenue Recovery Account Number: \_\_\_\_\_

**Old Information**

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

\_\_\_\_\_

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

Phone Number (Home)\*: (\_\_\_\_\_) \_\_\_\_\_ (Work) : (\_\_\_\_\_) \_\_\_\_\_

Employer : \_\_\_\_\_

Employer's Address : \_\_\_\_\_

\_\_\_\_\_

**New Information**

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

\_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Phone Number (Home): (\_\_\_\_\_) \_\_\_\_\_ (Work) : (\_\_\_\_\_) \_\_\_\_\_

Employer : \_\_\_\_\_

Employer's Address : \_\_\_\_\_

\_\_\_\_\_