

# ADDRESS CHANGE REQUEST

Use this form to update Shipping and Billing Addresses.

Name of Department:		Phone:	
System Code:		Date:	
<b>CURRENT Shipping Address:</b>			
City:		State:	Zip:
<b>CURRENT Billing/Mailing Address:</b>			
City:		State:	Zip:
<b>NEW Shipping Address:</b> Must be a deliverable street address to receive shipment, No P.O. boxes please.			
City:		State:	Zip:
<b>NEW Billing/Mailing Address:</b>			
City:		State:	Zip:

## Name and Authorized Signature of the person submitting this form:

Request will only be processed when signed by personnel from your department who are currently on file with Knox as Authorized Signers with both Keys and Orders level of authority.

Name and Title:	Authorized Signature:
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## PLEASE COMPLETE, SIGN & SUBMIT TO "RECORDS" BY ANY METHOD BELOW:

**Email:** records@knoxbox.com

**Fax:** (623) 687-2296

**Mail:** ATTN: RECORDS  
1601 W. Deer Valley Road  
Phoenix, AZ 85027

