



**Office of the Treasurer-Tax Collector**  
**SHARI L. FREIDENRICH, CPA, CCMT, CPFA, ACPFIM**



**VOLUNTARY PARTICIPANT**  
**REQUEST FOR AGENCY ADDRESS CHANGE**

DATE	AGENCY NAME	ACCOUNT NUMBER
<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>

ATTENTION:   
 (Titles Only)

NEW ADDRESS:

NEW PHONE #:

FAX #:  E-MAIL:

Print Title

Print Title

Print Name

Print Name

\_\_\_\_\_  
 Authorized Signature  
 (From Current Authorized Signature List)

\_\_\_\_\_  
 Authorized Signature  
 (From Current Authorized Signature List)

**Two authorized signatures required**

Please mail completed form to: <b>Orange County Treasurer</b> <b>Attn: Fund Accounting Group</b> <b>P.O. Box 4515</b> <b>Santa Ana, CA 92702-4515</b>
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