



Address Change Request Form

Please Select One:			
____ Vendor	____ Royalty Owner	____ JIB Partner	____ Revenue Partner

Owner Information:	
Name:	Number:
DBA (if applicable):	

Previous Address:			
Attn (if required):			
Street:			
Suite/Apt:			
City:		State:	
Zip:		Country:	
Tax ID (TIN/SSN):		Classification:	

Current Address:		Effective Date:	
Attn (if required):			
Street:			
Suite/Apt:			
City:		State:	
Zip:		Country:	
Tax ID (TIN/SSN):		Classification:	

Contact Information:	
Contact Person's Name & Title:	
Telephone Number:	
Email Address:	

Print Name:	Title:	
Signature:	Date:	

Additional Information:

Please return completed form via email: Owner-Relations@TroyEnergy.com or via mail to: **Troy Energy**
5605 N. Classen Blvd.
Oklahoma City, OK 73118