

## COLOR SCHEME/DISPATCH SERVICE CHANGE OF ADDRESS FORM

(NOT TO BE USED FOR NAME CHANGES)

**PLEASE PRINT LEGIBLY**

Color Scheme/Dispatch Service Manager's Name:

\_\_\_\_\_

Last

First

Color Scheme/Dispatch Service Name \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

New Address \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

New Business # \_\_\_\_\_ New Fax # \_\_\_\_\_

Old Address \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

I declare under the penalty of perjury that the above information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Mail or Fax Completed Form to: 25 Van Ness Ave., Suite 420, SF, CA 94102; Fax Number: (415) 503-2186

**FOR OFFICE USE ONLY**

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