

**CHANGE OF ADDRESS**

Mailing Address       Equipment Location       Both

**OLD ADDRESS:**    **If applicable:** I.D. No.: \_\_\_\_\_ Customer No.: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**NEW ADDRESS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Date new address becomes effective: \_\_\_\_\_

\*\*\*\*\*

**CHECK ALL BOXES THAT APPLY.**

**I have:**     Permit/application       Publications/Updating Service  
              Other \_\_\_\_\_

\*\*\*\*\*

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

**Mail or fax signed completed form to:**

San Diego APCD  
Permit Processing  
10124 Old Grove Road  
San Diego, CA 92131

Phone: (858) 586-2600      Fax No.: (858) 586-2601