



## Change Of Address Form (COA)

**Please Note:**

Repsol Oil and Gas USA, LLC, has recently been advised that you have a new address. In order to update our records accordingly, we require written notification confirming this change. Please complete the required information below and return to the address listed below. Please note that for your protection, the last four digits of your social security number or federal tax id number are being requested to verify your identity.

|   |                       |
|---|-----------------------|
| OWNER NUMBER (LOCATED IN THE UPPER LEFT-HAND CORNER OF YOUR CHECK DETAIL) |                       |
| NAME (1)  | TAX ID/SSN<br>XXX-XX- |
| NAME (2)  | TAX ID/SSN<br>XXX-XX- |
| Phone Number  | Email                 |

| PREVIOUS ADDRESS                  | NEW MAILING ADDRESS                   |
|-----------------------------------|---------------------------------------|
| PREVIOUS STREET ADDRESS           | NEW CONTACT ADDRESS (PAYMENT ADDRESS) |
|                                   |                                       |
| PREVIOUS CITY, STATE AND ZIP CODE | NEW CITY, STATE AND ZIP CODE          |
|                                   |                                       |

|   |                             |                              |
|---|-----------------------------|------------------------------|
| <b>DID THE STATE OF LEGAL RESIDENCE CHANGE?</b> | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
|---|-----------------------------|------------------------------|

IF YES, PLEASE UPDATE YOUR LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSES

### LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSES

I \_\_\_\_\_ CERTIFY THAT FOR STATE INCOME TAX PURPOSES I AM A RESIDENT OF THE STATE OF \_\_\_\_\_.

Please ensure all account holders sign and date below. Under penalties of perjury, I certify that the information shown on this form is complete and correct. When properly executed, I hereby authorize and direct all future notices and payments to be sent to the address listed in this completed form. The COA will become effective within thirty (30) days.

|             |      |
|-------------|------|
| (SIGNATURE) | DATE |
|             |      |
| (SIGNATURE) | DATE |
|             |      |

Address: 337 Daniel Zenker Drive, Horseheads, NY 14845

Date Mailed: