



# CHANGE OF ADDRESS FORM

Owner(s) Name:	
Owner Number:	Last 4 Digits of SS# / Tax ID:
Phone Number:	Email:

## OLD ADDRESS:

Street Address:	
City:	State:
Zip Code:	Country (if not USA):

## NEW ADDRESS:

Street Address:	
City:	State:
Zip Code:	Country (if not USA):

*(Additional Signatures Required for Joint Accounts)*

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**EMAIL TO:**  
Owner.Relations@compassproductionlp.com

**MAIL TO:**  
Owner Relations  
Compass Production Partners, LP  
5555 East 71<sup>st</sup> Street, Suite 8200  
Tulsa, Oklahoma 74136