**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**SECRETARY’S BUREAU**

**400 NORTH STREET**

**HARRISBURG PA 17120**

Docket Number: A-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility Number: A-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTIFICATION OF ADDRESS CHANGE FOR CERTIFICATE,**

**PERMIT AND BROKERAGE LICENSE HOLDERS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPANY NAME TRADE NAME**

**NEW MAILING ADDRESS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **COUNTY**

 **Please send my assessment report/bill to my new mailing address as well.**

**NEW PHYSICAL ADDRESS (If not the same as the Mailing Address)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **COUNTY**

**ADDRESS NO LONGER TO BE USED**

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**TELEPHONE# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(no third parties)*

**AUTHORIZED SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(no third parties)*

**PLEASE PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PLEASE ADVISE INSURANCE COMPANY OF THE ABOVE CHANGE OF ADDRESS)**

**Please note: If you currently have an eFiling account with the Commission, eFile your address change using the document type Utility Address Change. If you do not currently have an eFiling account, you may email your address change to** **RA-PCMCC@pa.gov** **for processing or fax it to 7172138069. Please only use one of these options!**