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

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

**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 along with sending a courtesy copy to** **taroth@pa.gov****. If you do not currently have an eFiling account, you may email your address change to** **taroth@pa.gov** **for processing or fax it to 717-787-3114.**