

# The A.C. Houston Lumber Company

## Address Change Form

Last 4 digits of Social Security #: \_\_\_\_\_

Date of Birth: mm/dd/yyyy: \_\_\_\_\_

Name as shown on Social Security Card:

First: \_\_\_\_\_ Last: \_\_\_\_\_

New Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Address Line 2

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

Phone: (area code) xxx-xxxx \_\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Address Line 2

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

**\*\*\* Submit changes to Office Administrator in person \*\*\***