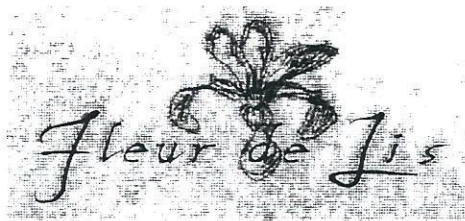


MASTER



CHANGE OF ADDRESS FORM

Name:	Unit
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OLD ADDRESS		NEW ADDRESS
STREET ADDRESS		
UNIT NO.		
CITY,ST ZIP		
PHONE:		
<input type="checkbox"/> HOME	(_____) _____	(_____) _____
<input type="checkbox"/> WORK	(_____) _____	(_____) _____
<input type="checkbox"/> CELL	(_____) _____	(_____) _____

Is this Change of Address effective immediately? () Yes () No

If not, when will it be effective?

Change of Address requested by:

Signature of Resident / Tenant _____ Date _____

Signature of Fleur de Lis Representative _____ Date _____