



Change of Address Form

Name _____,
(Last) (First) (M.I.)

Phone number _____

Old Address _____

New Address _____

I am: employee employer other: _____

Last 4 digits of social security number _____

Signature _____ Date _____

Once you have completed this form, you can return it to our office:

Topeka Office:
3300 SW 29th St, Suite 100
Topeka, KS 66614
or fax it:
785-273-3816
or email it:
Kristen@LifePatternsKS.org

Montezuma Office:
101 W Mexitli St / PO Box 418
Montezuma, KS 67867
or fax it:
620-846-2340
or email it:
Sara@LifePatternsKS.org