



CHANGE OF ADDRESS FORM

Landowner
Name: _____
(PLEASE PRINT)

Owner/Payee
Number: _____

Additional Owner
Name (if applicable): _____

Owner/Payee
Number: _____

Name
(if not owner): _____

Owner Social
Security #: _____

Old Address:

New Address:

Effective Date for New Address: _____

Please provide a telephone number and/or email address so we can reach you if we have questions or need more information to process this form:

Telephone and/or Email Contact: _____

Once completed, please return this form by mail or email to:

Mail: LOLA Energy
Attn: Landowner Relations
P.O. Box 360
Canonsburg, PA 15317
Email: landadministration@lolaenergy.com

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.

Date Received: _____ Processed by: _____

Scanned Filed File Number: _____