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CHANGE OF ADDRESS

Name (please print):

OLD ADDRESS

Street		Apt/Unit #
City	State	Zip

NEW ADDRESS

Street		Apt/Unit #
City	State	Zip

Daytime phone:

Email:

Original (Written) Signature Required:

Date:

SSN: (Last 4 digits)

*Please return completed form to KCPSRS via mail, fax or email as listed above.
If this form is signed by a power of attorney (POA), we require the POA documents before the form can be accepted.*