

## **Change of Address Form**

Owner name, as it appears on payment or statement detail	Owner number, as it appears on statement (will be five letters + one number)	
Last four digits SSN or EIN	Signature	Date
Old Address:	New Address:	
	_	
*Please provide a current email address and phoregarding this form.	one number where you may be con	tacted if we have any questions
Email Address:		
Phone Number:		

\*\*PLEASE NOTE: IF ANY FIELD IS INCOMPLETE OR DOES NOT MATCH THE INFORMATION IN OUR SYSTEM, NO CHANGES WILL BE MADE. WE WILL CONTACT YOU AT THE ADDRESS WE HAVE ON FILE OR THROUGH THE EMAIL ADDRESS/PHONE NUMBER YOU HAVE PROVIDED.

## Mail or fax this form to:

Spindletop Oil & Gas Co. Attention: Change of Address One Spindletop Centre 12850 Spurling Rd, Suite 200 Dallas, Texas 75230

Fax: (972) 661-2701