

CHANGE OF ADDRESS FORM

In accordance with Code of Alabama, 1975 §34-27A-16, which requires IMMEDIATE written notification to the Board of changes in business and resident addresses, **PLEASE CHANGE MY ADDRESS TO:**

Name: _____

License No.: _____

Email: _____

Business: (preferred mailing ___)

Home: (preferred mailing ___)

Telephone No.: _____

Telephone No.: _____

Signed: _____

Date: _____

You may send via fax, mail or email:

Email: Carolyn.greene@reab.alabama.gov

Fax# 334-242-8749

Mail: PO Box 304355
Montgomery, AL 36130