

# STATE OF OKLAHOMA

## Oklahoma Department of Agriculture, Food & Forestry Consumer Protection Services

PO Box 528804, Oklahoma City OK 73152-8804

Tel: (405) 522-5984 Fax: (405) 522-0625

[www.ag.ok.gov/cps-pest.htm](http://www.ag.ok.gov/cps-pest.htm)

### CHANGE OF ADDRESS REQUEST

We are unable to update our records until we are notified in writing. Please fill out this form and return it to:

Mail: Oklahoma Department of Agriculture, Food & Forestry  
Consumer Protection Services  
PO Box 528804  
Oklahoma City, OK 73152-8804  
Fax: (405) 522-0625  
email: [shalonda.ligons@ag.ok.gov](mailto:shalonda.ligons@ag.ok.gov)

**Business Name** \_\_\_\_\_ **Current Mailing Address** \_\_\_\_\_

\_\_\_\_\_  
**Name (print)** \_\_\_\_\_ **Street** \_\_\_\_\_

\_\_\_\_\_  
**Business License #** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

\_\_\_\_\_  
**County** \_\_\_\_\_

I verify that the new information provided is correct

**New Mailing Address** \_\_\_\_\_

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Street** \_\_\_\_\_

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

\_\_\_\_\_  
**County** \_\_\_\_\_

**Physical Address if different from above** \_\_\_\_\_

\_\_\_\_\_  
**Street** \_\_\_\_\_

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

\_\_\_\_\_  
**County** \_\_\_\_\_