



CHANGE OF ADDRESS/PHONE/EMAIL FORM

Return by mail or fax to:

Leander Municipal Court, 201 N. Brushy St, Leander, TX 78641

Ph: 512-259-1239

Fax: 512-690-2214

YOUR CONTACT INFORMATION:

CITATION NUMBER

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH ##/##/####

DRIVER'S LICENSE or ID #

TO UPDATE YOUR PHYSICAL ADDRESS, PLEASE COMPLETE THE FOLLOWING:

NEW STREET ADDRESS

NEW CITY

NEW STATE (if applies)

ZIP CODE

TO ADD OR UPDATE A MAILING ADDRESS, PLEASE COMPLETE THE FOLLOWING:

NEW MAILING ADDRESS

NEW MAILING CITY (if changed)

MAILING ADDRESS STATE

MAILING ZIP CODE

TO ADD OR UPDATE YOUR EMAIL OR PHONE NUMBER, PLEASE COMPLETE THE FOLLOWING:

NEW EMAIL ADDRESS

NEW PHONE
NUMBER

THIS IS MY: