



# CHANGE OF ADDRESS/PHONE/EMAIL FORM

*Return by mail or fax to:*

Leander Municipal Court, 200 W. Willis St, Leander, TX 78641

Ph: 512-259-1239

Fax: 512-528-2713

## YOUR CONTACT INFORMATION:

CITATION NUMBER

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH    ##/##/####

DRIVER'S LICENSE or ID #

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## TO UPDATE YOUR PHYSICAL ADDRESS, PLEASE COMPLETE THE FOLLOWING:

NEW STREET ADDRESS

NEW CITY

NEW STATE (if applies)

ZIP CODE

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## 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

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

NEW EMAIL ADDRESS

NEW PHONE  
NUMBER

THIS IS MY: