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ADDRESS CHANGE REQUEST

Date: _____ Association**: _____

**Please include both your sub-association and master association name, if applicable

Account Number: _____

Property Address: Street Address: _____

Apt./Unit: _____ City: _____ State: _____ Zip: _____

Old Mailing Address: Street Address: _____

Apt./Unit: _____ City: _____ State: _____ Zip: _____

New Mailing Address: Street Address: _____

Apt./Unit: _____ City: _____ State: _____ Zip: _____

Requested By: Print Name: _____

Signature: _____ Phone: _____

Additional Comments: _____

Please note: If you own multiple properties within the same association, or have more than one association managed by Terra West, a form for each property and/or association is required to make changes to your account.

NAME CHANGES WILL NOT BE MADE WITHOUT THE FOLLOWING DOCUMENTATION:

* MARRIAGE CERTIFICATE * DIVORCE DECREE * GRANT BARGAIN SALE DEED