

## CHANGE OF ADDRESS FORM

Client Information	
Date	
Loan ID Number	
Name (Please Print)	
Old Mailing Address	
City, State, Zip	
New Mailing Address	
City, State, Zip	
Email Address	
Home Phone Number	
Cell Phone Number	
I declare that the information provided is correct and I give Superior Loan Servicing the right to make the address change for their records.	
Signature	

**Please complete this form and return it by mail or email to [lss@slsbox.com](mailto:lss@slsbox.com) or fax to 818-735-0468.**