



## Change of Address Form

Owner Number(s)	
Tax ID / Social Security Number (last four digits)	
Name on the Account	
Name (If not owner, please attach a copy of Power of Attorney, or supporting documentation)	
Phone Number	
Email Address	

### Old Address

Street Address	
City	
State	
Zip Code	

### New Address

Street Address	
City	
State	
Zip Code	

Signature of Owner(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**Email to:** landadmin@sheridanproduction.com

**Fax to:** 713-583-9641

**Phone:** 713-548-1005

**Mail to:**

Sheridan Production

Attn: Land Administration

1360 Post Oak Blvd. Suite 2500

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