



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: 713-548-8005

Mail to:

Sheridan Production
1360 Post Oak Blvd., Ste. 2500
Houston, TX 77056