



## CHANGE OF ADDRESS FORM

Please complete this form to report a change of address. All address change requests must be made on this form. To request a name and/or ownership change, additional information is required.

Owner Name \_\_\_\_\_

Owner Number \_\_\_\_\_ Last 4 digits of SSN/Tax ID # \_\_\_\_\_

New Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Phone Number (\_\_\_\_) \_\_\_\_\_ New Email Address \_\_\_\_\_

Old Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Old Phone Number (\_\_\_\_) \_\_\_\_\_ Old Email Address \_\_\_\_\_

Requested By:

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Please return the completed form using one of the following options:

**Mailing Address:** Vital Energy  
Attn: Division Orders  
15 West 6<sup>th</sup> Street, Suite 900  
Tulsa, OK 74119

**Email:** [OwnerRelations@VitalEnergy.com](mailto:OwnerRelations@VitalEnergy.com)

**Fax:** 918.858.0693  
Attn: Division Orders