



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
521 East 2nd Street, Suite 1000
Tulsa, OK 74120

Email: OwnerRelations@VitalEnergy.com

Fax: 918.858.0693
Attn: Division Orders