



**Office of the Treasurer-Tax Collector**  
**SHARI L. FREIDENRICH, CPA, CCMT, CPFA, ACPFIM**



**VOLUNTARY PARTICIPANT**  
**REQUEST FOR AGENCY ADDRESS CHANGE**

**Two Authorized Signatures Required**

DATE

AGENCY NAME

ACCOUNT NUMBER

ATTENTION:

(Titles Only)

NEW ADDRESS:

NEW PHONE #:

FAX #:

E-MAIL:

Authorized Signature:

Second Authorized Signature:

Print Title

Print Title

Print Name

Print Name

Authorized Signature  
 (From Resolution or  
 Current Authorized Signature List)

Authorized Signature  
 (From Resolution or  
 Current Authorized Signature List)

Contact Phone #

Contact Phone #

Contact E-mail Address

Contact E-mail Address

Please mail completed form to:  
**County of Orange**  
**Attn: Treasurer-Tax Collector**  
**P.O. Box 4515**  
**Santa Ana, CA 92702-4515**