



**BAYSWATER**

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**CHANGE OF ADDRESS FORM**

Address Change Type       Remit       Physical       Both

Vendor Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Last 4 of SSN or EIN: \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Printed Name & Title: \_\_\_\_\_

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

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When completed, please mail or email to:

**Bayswater**

Attn: Amanda Garner

730 17<sup>th</sup> Street, Suite 500, Denver, CO 80202

Main: (303) 893-2503

Email: [agarner@bayswater.us](mailto:agarner@bayswater.us)

\* If you are signing for a business/corporation, LLC, or partnership; a Statement of Authority or other documentation needs to be provided indicating that you are authorized by the entity to sign and make a change to the account address.