

Change of Name / Address Form PLEASE ALLOW 4-6 WEEKS TO PROCESS THE REQUEST

To request changes related to your Trailhead owner number, please complete the form below. Return your completed form to Trailhead Exploration in one of the following two ways:

Mail

Trailhead Exploration, LLC Attn: Land Department 505 Main St, Suite 340 Ft. Worth, TX 76102

Email: <u>info@trailheadexp.com</u> (scan and attach as a PDF)

<u>NAME CHANGE</u> Complete form and return with the appropriate documentation (marriage certificate, divorce decree, etc.)

Owner Number				
Old Name	(Last Name, First Name,	, Middle N	Name)	
New Name	(Last Name, First Name	e, Middle N	Name)	
ADDRESS CH	<u>ANGE</u>			
Name	(Last Name, First Name	e, Middle N	Name)	
Owner Number			Day Time Phone Number (REQUIRED)	
OLD ADDRES	8			
City	State		Zip Code	
NEW ADDRES	SS			
City	State		Zip Code	
			he account, BOTH PARTIES MUST SIGN, DA SECURITY or TIN NUMBERS as listed on the	
Owner's Signa	ture (REQUIRED)	Date	Owner Last four of TIN or SS#	
2 nd Owner's Sig	gnature (REQUIRED)	Date	2 nd Owner Last four of TIN or SS#	
EMAIL				