CITY OF DECATUR MUNICIPAL COURT

CHANGE OF ADDRESS FORM

NAME: _____

DATE OF BIRTH: _____

NEW MAILING ADDRESS: _____

_____

EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____

By signing below, you are requesting the Decatur Municipal Court update your mailing address, email address, and cell phone number on file to the information listed above.

_____ _____

DEFENDANT/VICTIM SIGNATURE **DATE**

_____

DEFENDANT/VICTIM PRINTED NAME