



Laguna Woods Village®

CHANGE OF ADDRESS BY MEMBER

MANOR NO. _____

The undersigned hereby authorizes a change of address for Member mailings, including but not limited to **NOTICE OF DELINQUENT ASSESSMENT**.

| MEMBER NAME(S) | ID No. |
|----------------|--------|
| | |
| | |
| | |

OLD ADDRESS

| | | | |
|------------|-------------|-----|--|
| Street No. | Street Name | | |
| City | State | Zip | |

NEW ADDRESS

| | | | |
|---|---|-----|--|
| Street No. | Street Name | | |
| City | State | Zip | |
| Email | | | |
| Home Phone No. (Primary Phone <input type="checkbox"/> Yes) | Mobile No. (Primary Phone <input type="checkbox"/> Yes) | | |

I am the person whose name appears on the record(s) of the Corporation and the residence and/or mailing address shown above is valid, existing, and accurate.

_____ Date

_____ Member Signature

_____ Member Signature

Mail To:

Laguna Woods Village
Community Services
P.O. Box 2220
Laguna Hills, CA 92654-2220

Hand Deliver To:

Laguna Woods Village
Community Services
24351 El Toro Road
Laguna Woods, CA 92637

Phone: 949-268-2393 • FAX: 949-472-4154 • Email: sally.munson@vmsinc.org