



**DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS**
441 4TH STREET, NW, SUITE 450 NORTH
WASHINGTON, DC 20001-2714



Tel: (202) 442-9094 • Fax: (202) 442-4789 • Email: oah.filing@dc.gov
eFiling: <https://ecourt.oah.dc.gov/public-portal>

_____ Petitioner(s), v. _____ Respondent(s)	Case No(s): _____ _____
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Contact Information Change Request

You may use this form to update your email address, phone number, and/or mailing address. You must send a copy to the other party and complete the attached Certificate of Service.

Name: _____

I am the: Petitioner Petitioner's Representative Respondent Respondent's Representative

I request the following contact information change(s):

<input type="checkbox"/> Email Address: OLD Email: _____ NEW Email: _____ <input type="checkbox"/> I consent to receive documents by email (OAH Rule 2841.16)	<input type="checkbox"/> Phone Number: OLD Number: _____ NEW Number: _____
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and/or

<input type="checkbox"/> Mailing Address:					
OLD Mailing Address:			NEW Mailing Address:		
_____			_____		
Street address			Street address		
_____			_____		
Apartment, suite, unit, etc.			Apartment, suite, unit, etc.		
_____			_____		
City	State	Zip	City	State	Zip

Signature: _____ Date: _____



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Certificate of Service

I have sent a copy of the attached documents to the other party(s) in this case. They are listed below:

Name: _____

Address: _____

Date sent: _____

Method of Delivery:

Mail Commercial Carrier Hand Delivery

Fax, to: _____

Email, to: _____

(Email is allowed only if the party has agreed in writing)

Name: _____

Address: _____

Date sent: _____

Method of Delivery:

Mail Commercial Carrier Hand Delivery

Fax, to: _____

Email, to: _____

(Email is allowed only if the party has agreed in writing)

If you sent documents to more than two people, provide the above information for the additional people on a separate sheet of paper.

Name of person providing information: _____

Signature: _____ Date: _____