

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS**



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Petitioner(s), v. Respondent(s)	Case No.:
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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):

☐ Email Address: OLD Email: NEW Email:	
☐ Phone Number: OLD Number: NEW Number:	
☐ Mailing Address: OLD Mailing Address: Street Address Apartment, Suite, Unit, etc. City, State, Zip NEW Mailing Address: Street Address Apartment, Suite, Unit, etc. City, State, Zip	

Signature: Date:

CERTIFICATE OF SERVICE

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

PARTY:

Name: _____

Address: _____

Date sent: _____

METHOD OF DELIVERY:

☐ Mail

☐ Commercial Carrier

☐ Hand Delivery

☐ Fax, to: _____

☐ Email, to: _____

PARTY:

Name: _____

Address: _____

Date sent: _____

METHOD OF DELIVERY:

☐ Mail

☐ Commercial Carrier

☐ Hand Delivery

☐ Fax, to: _____

☐ Email, to: _____

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: _____