



CHANGE OF ADDRESS FORM

Please complete the **required** information and return this form via mail or email listed below. *(please print)*

Owner Number: _____

Owner Name on Account: _____

Previous Address Information

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

New Address Information

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Information: Please include an email address and phone number in case we need to contact you should we have questions about this form.

Contact Name: _____ Home Phone: _____

Cell / Work Phone: _____ Email Address: _____

Social Security Number or Taxpayer ID: _____

Signature of Owner(s) or Authorized Representative

Date

Signature of Owner(s) or Authorized Representative

Date

Please return this form via mail to:

**Montare Operating, Ltd.
Attn: Land Department
777 International Parkway, Suite 100
Flower Mound, Texas 75022**

Or via email to: royalty.owners@montare-resources.com

If you have any questions, please call the Land Department at 469-993-1961.