

LOWER TRINITY GROUNDWATER CONSERVATION DISTRICT  
602 E. Church Street - P.O. Box 1879 - Livingston Texas 77351  
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## APPLICATION FOR ADDRESS CHANGE

**Instructions:** Complete form, type or print. This application is used to request an address change for a current well owner or a well address which has been changed by an approved addressing agency. Additional information or explanations may be attached. Note: This form should not be used to transfer ownership of permit, see Application to Amend - Permit Transfer form.

OWNER ADDRESS CHANGE       WELL ADDRESS CHANGE (due to re-addressing by approved agency)

Date: \_\_\_\_\_

*-This form may be faxed or mailed-*

**Current Permit Information:** *Required for both changes*

Well Owner: \_\_\_\_\_ Permit No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Owner Address Change Information:**

New Permit mailing address: \_\_\_\_\_

Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Billing mailing address: \_\_\_\_\_

Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

