

ZALCO REALTY, INC. CHANGE OF ADDRESS FORM

Name: _____

Date: _____

Property: _____

Property #: _____

Old
Address: _____

New
Address: _____

Effective Date for Change: _____

Old Phone
Number : _____

New Phone
Number : _____

Check List:

- | | |
|---|-------------|
| <input type="checkbox"/> Payroll | Date: _____ |
| <input type="checkbox"/> Health Insurance | Date: _____ |
| <input type="checkbox"/> Dental Insurance | Date: _____ |
| <input type="checkbox"/> 401K Plan | Date: _____ |

NOTE: When changing your address to a different state, attach a new state withholding form.