



NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

OWNER #: _____

PREVIOUS ADDRESS:

Address 1 _____
Address 2 _____
City, State, Zip _____
Home/Office Phone _____
Cell Phone _____

NEW ADDRESS:

Address 1 _____
Address 2 _____
City, State, Zip _____
Home/Office Phone _____
Cell Phone _____
Email _____
Effective Date _____

SIGNATURE: _____

DATE: _____

Please return this form to:
Tellus Operating Group
Attn: Land Department
602 Crescent Place
Ridgeland, MS 39157
FAX 1: 601-792-2420
FAX 2: 601-898-7445