

MAIL TO: **DMV CHANGE OF ADDRESS** P. O. BOX 942859 A Public Service Agency SACRAMENTO, CA 94259-0001

A SEPARATE FORM IS NEEDED FOR EACH DRIVER OR VEHICLE OWNER

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NOTICE	OF CH	ANGE	OF A	DDRESS

DMV USE ONLY DL address updated by FO 24002

Please Print Characters In Capital Letters Using Black or Blue Ink.

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SIGNATURE

pursuant to 415.20(b), and 416.90 of the Civil Procedure Code. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and

correct.