

Address Change Request Form

Please Select One:			
____ Vendor	____ Royalty Owner	____ JIB Partner	____ Revenue Partner

Business Associate Information:	
Name:	Number:
DBA (if applicable):	

Previous Information:			
Attn (if required):			
Street:			
Suite/Apt:			
City:	State:		
Zip:	Country:		
Tax ID (TIN/SSN):	Classification:		

Current Address:		Effective Date:	
Attn (if required):			
Street:			
Suite/Apt:			
City:	State:		
Zip:	Country:		
Tax ID (TIN/SSN):	Classification:		

Contact Information:	
Contact Person's Name & Title:	
Telephone Number:	
Email Address:	

Print Name:	Title:	
Signature:	Date:	

Additional Information:

Please return completed form via email: EMEP-OwnerRelations@eag1source.com or
 via mail to: **EMEP Operating, LLC**
 C/O EAG 1Source
 2628 Highway 36 S, PMB 283
 Brenham, TX 77833-9616