

CHANGE OF ADDRESS REQUEST FORM

Please complete this form and fax to 312.726.4405 or mail to: Extreme Reach, 111 W. Jackson Blvd., Suite 1525, Chicago, IL 60604, or email to adminchanges@extremereach.com. Confirmation of your request will be emailed to you.

PERFORMER INFORMATION		
First Name	Middle Name	Last Name
Last 4 Digits of your SSN	Phone Number	Email Address

OLD ADDRESS		
Address Line 1	Address Line 2	
City	State	Zip

NEW ADDRESS		
Address Line 1	Address Line 2	
City	State	Zip

DECLARATION: I declare under penalty of perjury that the above information is true and correct.	
Signature	Date

Questions? Contact us at talentrequest@extremereach.com or 800.233.0278.