

For quicker processing, address change requests can be made online via EnergyLink at app.energylink.com.

## **CHANGE OF ADDRESS FORM**

I,	authorize the company and/or its
affiliates/subsidiaries to change the address of my owner account.	
Owner/BA Number:	or Lease Number:
Last 4 Digits of Social Security # / Taxpayer ID:  Name on the Account:	
Old Address	New Address
Address	Address
City/Locality/Village	City/Locality/Village
State/Province/Region	State/Province/Region
Zip	Zip
Country	Country
Country	Phone
	Email
All fields must be complete, if you are curre	ently receiving paper checks we will need an additional
	in order to update your address.
*Acceptable forms of additional verification	
Valid Driver's License	
<ul><li>Utility Bill</li><li>Government Issued Correspondence</li></ul>	
Pay Stub	
Lease Agreement or Mortgage Statement	
Property Tax Receipt	
Insurance Card	
Voter Registration Card	
Bank Statement or Credit Card Statement	
<u>Please return</u>	this completed form to:
	3 N State Highway 161, Suite 500, Irving TX 75038 elations@crescentenergyco.com
TERMS OF ACCEPTANCE OF SIGNATURE	
I, the requestor for this Change of Address Form, was submission.	arrant the truthfulness of the information provided in this
Print Name	Signature
*IF YOU ARE NOT THE OWNER OF RECORD, PLEASE ALSO ATTACH DO	DCUMENTATION VERIFYING YOUR RIGHT TO ACT AS THE OWNER'S LEGALLY

RECOGNIZED AGENT (TRUSTEE, ATTORNEY-IN-FACT, ETC).

Date \_\_\_\_\_