PROTECT OUR PROTECTORS

CHANGE OF INFORMATION FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #

***Purpose of Form:**
PROVIDE ALL THAT APPLY

- ☐ New Legal Name (provide documentation)
- ☐ New Mailing Address
- ☐ Other _____
- ☐ New Actual Residential Address
- ☐ New E-mail Address
- ☐ New County
- ☐ New Phone Number
- ☐ New Emergency Contact Information
- ☐ Add Business Name

Information

*Name at time of Enrollment		New Legal Name	*POP Apt. #
Former Actual Residential Address	*City	*State	*Zip Code
New Actual Residential Address	*City	*State	*Zip Code
New Mailing Address (if different)	*City	*State	*Zip Code

Former County	New County

New Phone Number	New Secondary Number	New Email Address

New Emergency Contact	New Emergency Contact Phone Number

New Business Name

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.

Electronic signatures not accepted

**Signature:* **Date:*

STATE OF IOWA SEAL SECRETARY OF STATE

Revised 04|2025