



ADDRESS CHANGE FORM

1.	Owner Number			
2.	Old Address Please Print Name(s) as it appears on your check/statement			
	Mailing Address	Mailing Address		
	City	State	Zip	
3.	Current Address			
	Please Print Name(s) as it should appear on your check/statement			
	Mailing Address			
	City	State	Zip	
	SS# or Tax ID # (at lea	SS# or Tax ID # (at least the last 4 digits for verification)		
	1	estion while processing the	his form, please provide a telephone contact you)	
5.	Signature			
	Completion of this request requires an original signature of the Owner or POA			
6.	Please complete all applica Via Fax	Via Fax 303.860.5838 – Attn: Division Orders Dept		
	Via US Mail	PDC Energy, Inc Attn: Division Order De 1775 Sherman Street, S Denver, CO 80203		
	Via Email (for timely processing	DODept@pdce.com		

Should you have any further questions please contact PDC at our Royalty Hotline at (888) 860-5836 or (303) 860-5836 or visit www.pdce.com/division-orders

Note: Changes received by the 10th of each month are made effective for the current month. Changes received after the 10th will be processed and will be effective the following month.