

**Change of Address Form**

*City of San Francisco Settlement*

Please use this form to provide an address change.

Full Name: \_\_\_\_\_

Previous Address:

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Address:

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please mail, email or fax you change of address to:

**City of San Francisco Settlement**  
c/o CPT Group, Inc.,  
50 Corporate Park  
Irvine, California 92606  
Toll Free Number: 1-888-825-6104  
Fax: 949-419-3446  
Email: [CityOfSFSettlement@cptgroup.com](mailto:CityOfSFSettlement@cptgroup.com)