



# UK TICKET OFFICE

## CHANGE OF ADDRESS FORM

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Account ID: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

**Phone**

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Do you currently have mail forwarding in place?    YES    NO

If yes, when does it expire? \_\_\_\_\_

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**Please FAX or MAIL this form to the UK Ticket Office**

Fax: (859) 323-1269

UK Ticket Office  
Joe Craft Center  
338 Lexington Ave., Rm. A-113  
Lexington, KY 40506

<p><b><u>TICKET OFFICE USE ONLY</u></b></p> <p>Date Updated: _____</p> <p>Initials: _____</p>
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