Escrow officer name or address change request form

You must fill out and send us this document within 30 days of a change to your name or address becomes official.

	TDI license number:			
Name as listed on your license:				
First name	Middle name	Last name	Suffix	
Fill out this sectio	n if you changed your	name:		
New legal name:				
First name	Middle name	Last name	Suffix	
copy of a marriage ce	n official document showing rtificate or divorce decree. f this section if your ad		d. For example, send a	
Phone numbers:	This section if your ad	laress changed.		
Personal ()				
		Business ()		
Email addresses:		Business ()		
Email addresses:				
Email addresses:				
Email addresses: Personal Home address:		Business		
Email addresses: Personal Home address: Street address		Business		
Email addresses: Personal Home address: Street address City		Business State	ZIP	
Email addresses: Personal Home address: Street address City Is your mailing address	ess the same as your home	Business State	ZIP	
Email addresses: Personal Home address: Street address City Is your mailing address If no, what is you		Business State e address (primary resid	ZIP ence)? Yes f	

► Sign here:

The answers I gave on this form are true and correct:

Escrow officer's signature

Date

▶ Return this form and any attachments one of these ways:

Email:

TDI-TitleLicensing@tdi.texas.gov

Mail:

Agent and Adjuster Licensing Texas Department of Insurance PO Box 12030, MC: CO-AAL Austin, Texas 78711-2069

► Contact us if you have questions:

You can: (1) use our online question form at <u>www.tdi.texas.gov/agent/question.html</u>, (2) email <u>TDI-TitleLicensing@tdi.texas.gov</u>, or (3) call 512-676-6475.

► Know your rights:

Your rights: You can request information we have about you by emailing <u>OpenRecords@tdi.texas.gov</u> or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to <u>RecordCorrections@tdi.texas.gov</u> or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.