



Laguna Woods Village®

CHANGE OF ADDRESS BY MEMBER

MANOR NO. _____

The undersigned hereby authorizes a change of address for Member mailings, including but not limited to **NOTICE OF DELINQUENT ASSESSMENT**.

MEMBER NAME(S)	ID No.

OLD ADDRESS

Street No.	Street Name		
City	State	Zip	

NEW ADDRESS

Street No.	Street Name		
City	State	Zip	
Email	Phone No.		

I am the person whose name appears on the record(s) of the Corporation and the residence and/or mailing address shown above is valid, existing, and accurate.

_____ Date

_____ Member Signature

_____ Member Signature

Mail To:

Laguna Woods Village
Community Services
P.O. Box 2220
Laguna Hills, CA 92654-2220

Hand Deliver To:

Laguna Woods Village
Community Services
24351 El Toro Road
Laguna Woods, CA 92637

Phone: 949-268-2393 • FAX: 949-472-4154 • Email: sally.munson@vmsinc.org