

**State of Nevada**  
**Committee on Domestic Violence**

555 E. Washington Ave., Suite 3900  
Las Vegas, NV 89101  
Phone (702) 486-5714 Fax (702) 486-3768

**Address Change Form**

This form is to be completed by certified agencies which need to update mailing address and/or physical address. Please note that if the request is for an additional program location, a different form is required.

**Program and Current Address Information**

Program Name: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

Current Mailing Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

Current Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

**New Address Information**

Program Name: \_\_\_\_\_

New Physical Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

New Mailing Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

New Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

**Declaration**

I hereby declare, under penalty of perjury, that all information provided and attached to this form is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this request.

\_\_\_\_\_  
Print Name of Supervisor

\_\_\_\_\_  
Print Name of Program Manager

\_\_\_\_\_  
Original Signature of Supervisor Date

\_\_\_\_\_  
Original Signature of Program Manager Date

**Please send completed form and all supporting materials to:**

**Committee on Domestic Violence**  
**c/o Office of the Attorney General**  
**555 E. Washington Ave., Suite 3900**  
**Las Vegas, NV 89101**