

CHANGE OF ADDRESS REQUEST FORM

Date:	
Owner Number:	
Name on Account:	
Last 4 digits of Tax ID or SSN:	
T.11	
Email Address:	
PREVIOUS ADDRESS	CURRENT ADDRESS
Signature of Owner/Agent:	
Print Owner Name:	
Please return the completed form to the m	ailing address or email address listed below or you may fax

this information to (281-907-4122)

Attn: Owner Relations 24 Waterway Ave. Suite 875 The Woodlands, TX 77380 ownerrelations@grenadierenergy.com

Grenadier Energy Partners

PLEASE NOTE:

<u>IF AN INDIVIDUAL</u>: Address change requests must be executed by the person or agent for whom the address is being updated.

IF A CORPORATION, LLC, TRUST, ESTATE OR ANY ENTITY OTHER THAN AN INDIVIDUAL:

The person signing the address change request form must have the authority to make the request and documentation verifying said authority must accompany the address change request form in order for Grenadier's records to be updated.