Change of Address Affidavit

This affidavit certifies by signature and notarization that my/our new address is correctly printed/typed below.

Personal Information	Last Name: Driver License/ID Card No.:
	First Name: Initial: License/ID Expiration Date: Image: I
New or Corrected	
Residence	Street Number: Street Name:
Address:	
	Apt. No.: (If applicable) County: Image: Second state stat
Please do not enter	City: State: Zip Code:
a PO Box address in	
this section. New or Corrected	
Mailing Address:	Street Number: P.O. Box or Street Address:
	Apt. No.: (If applicable) County:
If different from the	
residence address.	
	City: State: Zip Code:
I,	, do solemnly swear or affirm under penalty of false
I,, do solemnly swear or affirm under penalty of false statement, in accordance with the provisions of Georgia law, that the name, driver's license and address provided on	
this affidavit are true and accurate.	
Signature:	M M - D D - Y Y Y Y
Sworn to and subscribed before me thisday of, 20	
by	
Nota	ry Public
My commission expires:	

*This address change may be completed for this customer even if the vehicle purchase is cancelled.