COMMUNITY DEVELOPMENT
Pasadena, Texas

# Organization Change of Address Form

Grant Type: Select Grant Type

Organization Name: _____

New Physical Address: _____

Date of move-in: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Previous Address: _____

Brief description of the reason for move:

_____

_____

Are there personnel changes taking place with this move? ☐ Yes ☐ No

**(If yes, a personnel change form must be submitted and attached to this move form)**

_____ _____

**Signature of Authorized Official** **Date**

_____

**Print Name & Title of Authorized Official**

If your organization's physical or mailing address changes please update this form and mail it to the address listed below, within 10 days. ***Failure to do so may result in suspension of your grant allocation.***

**Community Development Department**
**1149 Ellsworth Drive**
**Pasadena, Texas 77506**

*Community Development Department Use ONLY:*

*Reviewed by:* _____ *Date:* _____

*Approved by:* _____ *Date:* _____