

# UPDATE CONTACT INFORMATION

Complete and submit this form for changes in your contact information or representation.

## 1. CASE INFORMATION

Case Name: \_\_\_\_\_

File Number: \_\_\_\_\_

## 2. TYPE OF CHANGE (Select one)

My contact information (name, address, phone, or email) has changed.

My representation has changed, as follows:

I have a new representative. Their contact information is below.

I previously had a representative and now represent myself. My contact information is below.

## 3. UPDATED CONTACT INFORMATION

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

Law Firm/State Bar Number (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 4. SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Submit a signed copy of the completed form to:**

CalRecycle Hearing Office

1001 I Street, MS 25-54, Sacramento, CA 95814

Email: [HearingOffice@calrecycle.ca.gov](mailto:HearingOffice@calrecycle.ca.gov)

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