



Change of Address/Contact Information Form for Cityside Management

*****Only used if you are a vendor with Cityside Management and work in the field****

Effective Date of Change(s): _____

- | | | |
|---|------------------|-----------------|
| 1. Is this a change to your physical address? | Yes: ____ | No: ____ |
| 2. Is this a change to your mailing address? | Yes: ____ | No: ____ |
| 3. Is this a change to your company name? | Yes: ____ | No: ____ |

Fill in the changes below:

Company Name: _____ **Change to existing company name? Yes:** ____ **No:** ____

New Company Name: _____

Old Address: _____

New Address: _____

Contact Person: _____ **Email:** _____

Phone Number(s): Office- _____ **Cell-** _____

*If you have answered “yes” to **physical address or company name change**; please submit this form along with updated certificate of insurance & W9 to the attention of:

Vendor Management

Fax- 603-782-2420

Email- vendormgmt@citysidecorp.com

All physical address changes must have new documents with your new address submitted. Once all documents are received, your address will be changed in our records as well as EMS.

*If you have answered “yes” to **mailing address change**, please submit this form to the attention of:

Vendor Management

Fax: 603-782-2420

Email: vendormgmt@citysidecorp.com

If you have any questions, please refer to vendormgmt@citysidecorp.com or call 603-567-1000