



**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: 603-657-1011

Email: [vendormgmt@citysidecorp.com](mailto: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 FOCUS.

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

**Vendor Management**

Fax: 603-657-1011

Email: [vendormgmt@citysidecorp.com](mailto:vendormgmt@citysidecorp.com)

If you have any questions, please refer to [vendormgmt@citysidecorp.com](mailto:vendormgmt@citysidecorp.com) or call 603-657-1000