

**CHANGE OF INFORMATION FORM**

**NAME OF BUSINESS** \_\_\_\_\_

**NEW NAME OF BUSINESS (if applicable) \*** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**CURRENT JOBS YOU ARE WORKING ON WITH STRAUB CONSTRUCTION COMPANY, INC. (This will allow us to make sure correspondence goes to the correct address for each job.)**

\_\_\_\_\_

\_\_\_\_\_

**\* If the name of your company has changed and you are currently working with us, please contact the Accounting Department for further requirements.**

**Please fax this form to 913/451-9617. Thank you.**