



# CITY OF DECATUR MUNICIPAL COURT

## CHANGE OF ADDRESS FORM (ONLINE SUBMISSION)

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: XXX-XX-\_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ DL STATE: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

By signing below, I am requesting the Decatur Municipal Court update my mailing address on file to the address listed above. I agree and understand that by signing the Electronic Signature below that it is the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

\_\_\_\_\_  
DEFENDANT ELECTRONIC SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT PRINTED NAME

**COMPLETED FORM MUST BE EMAILED TO: COURT@DECATUR-AL.GOV**