

Printed on Sheriff's Department letterhead.

To: Postmaster

Agency Control Number: _____

Date: _____

ADDRESS INFORMATION REQUEST

Please furnish this agency with the new address, if available, for the following individual or verify whether or not the address given below is one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the boxholder's application form.

Name: _____

Last known address: _____

I certify that the address information for this individual is required for the performance of this agency's official duties.

(Signature of Agency Official) Bill Teteak, Process Server for Oconto County

FOR POST OFFICE USE ONLY

- MAIL IS DELIVERED TO ADDRESS GIVEN
- NOT KNOWN AT ADDRESS GIVEN
- MOVED, LEFT NO FORWARDING ADDRESS
- NO SUCH ADDRESS
- OTHER (SPECIFY):

NEW ADDRESS

BOXHOLDER'S STREET ADDRESS

Oconto County Sheriff's Department
301 Washington Street
Oconto, WI 54153
Michael R. Jansen, Sheriff

Postmark/Date Stamp