

# CHANGE OF ADDRESS FORM

RE: Payor Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

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Old Address	City	State	Zip Code
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Old Address	City	State	Zip Code
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Old Address	City	State	Zip Code
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Change of Address Forms should be sent to the following address:

**Probation Department  
Juvenile Reimbursement Unit  
P.O. Box 2399  
Downey CA, 90242**

E-mail Address: [jru@laprob.org](mailto:jru@laprob.org)  
FAX Number: (323) 357- 6811