



FOR RECORDS USE ONLY	
UPDATED	_____
DATE	_____

Records and Technology Division  
 333 West Nye Lane, Suite 100, Carson City, Nevada 89706  
 Telephone (775) 684-6262 – [www.nvrepository.state.nv.us](http://www.nvrepository.state.nv.us)

**CHANGE FORM FOR CIVIL APPLICANT ACCOUNT**  
 PLEASE FILL IN ALL BOXES

ITEMS BEING CHANGED/ADDED (Check **ALL** that apply):

Physical Address \_\_\_ Mailing Address \_\_\_ E-Mail Address \_\_\_ Federal Tax ID \_\_\_  
 Contact Persons \_\_\_ Phone Number \_\_\_ Fax Number \_\_\_ Applicable NRS \_\_\_

Company Name \_\_\_\_\_

Federal Tax ID \_\_\_\_\_ Account Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Contact Information**

Please circle if contact information is to be used for:      **Billing Only**      **Response Only**      **Both**

**Contact Person(s)**

**Primary**  
 Business Physical Address

**Secondary**  
 Mailing Address (if different from physical address)

Contact Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Fax Numbers \_\_\_\_\_

Applicable NRS(s) \_\_\_\_\_  
 \_\_\_\_\_

Terms: Statements will be mailed each month. In order to maintain a current account, the balance in full must be paid within 10 days of receipt. If a credit limit is granted for this application, the account may be suspended if the credit limit is exceeded or if the account is not current. If an account is suspended, services will not be provided until the account terms are satisfied. Any change to organization information, including address, must be reported within 5 business days.

I, the undersigned, have the authority to apply/change an account on behalf of the Company/Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Department of Public Safety Records & Technology Division.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date