



# REQUEST for ADDRESS UPDATE

Lawyer Assessment  
P.O. Box 46  
Camp Hill, PA 17001-0046  
Telephone (717) 731-7073 Fax (717) 731-7080

Please use this form to update your office or residence address. Either address may be, at the option of the attorney, the official address of record, which is used to maintain accurate contact information on the attorney database.

The address listed will be publicly accessible on the website of the Disciplinary Board and by written or oral request. If for good cause, you do not wish to have an address posted on the website, please write the Registrar at the address listed above.

Pa.R.D.E. Rule 219(d)(1)(ii) requires that the current office and residence address of all attorneys shall have an actual street address or rural box number, and that the Administrative Office shall refuse to accept a statement that sets forth only a post office box number for either required address. However, a preferred mailing address different from those addresses may be a post office box number.

**EFFECTIVE DATE OF ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **ID NUMBER:** \_\_\_\_\_

**OFFICE ADDRESS:**  **Check for public access use** (Only one address can be chosen to be public record.)

Law Firm / Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ (optional)

E-mail Address: \_\_\_\_\_ (optional)

*(Residence Address is Not Public Record unless neither the Office Address nor Preferred Address listed has been selected for public access use.)*

**RESIDENCE ADDRESS:**  **Check for public access use** (Only one address can be chosen to be public record.)

Street Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ (optional)

**PREFERRED MAILING:**  **Check for public access use** (Only one address can be chosen to be public record.)

**Use Office Address**  **Use Residence Address**  **Use P.O. Box Address (listed below)**

Law Firm / Organization Name \_\_\_\_\_

P.O. Box Number \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date