



Change of Address Form

OTB Account #: _____

Date: _____

Full Name: _____

Original address my account was opened with:

I am providing the following supporting documentation listing my NEW address (✓ one):

a Government-issued Photo ID a utility bill and second document

DL #: _____ State DL issued: _____ Last 4 of SSN: _____

Proposed **NEW** address:

I take full responsibility that my new address is valid.

I am aware if it's not my valid address, I may be breaking State and Federal regulations or laws.

Signature: _____

Please return this form plus supporting documentation by scanning/emailing to support@OffTrackBetting.com or FAX to 701-425-0200