



# Change of Address Form

Business Associate Change of Address Verification	
<b>Business Associate Name</b>	
<b>Ovintiv Number</b>	
<b>SSN or Tax ID</b>	
<b>Phone Number</b>	
<b>Email</b>	
Old Address	
<b>Address Line 1</b>	
<b>Address Line 2</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
New Address	
<b>Address Line 1</b>	
<b>Address Line 2</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Effective Date:</b>	<b>Reason for Update:</b>
<input type="text"/>	
<p>Note: Please return form to <a href="mailto:ovintiv@ownerrelationsupport.com">ovintiv@ownerrelationsupport.com</a>.</p> <p>By signing below, you are authorizing the use of the new address for all purposes including all Lease related payments (under any Lease taken by or assigned to Ovintiv™ USA Inc. prior to the date of this verification) as well as Royalty payments.</p>	
<b>Date:</b> <input type="text"/>	<b>Signature:</b>