

REVISED
June 2025

## **Door to Door Change of Address Form**

## Formulario de Cambio de Dirección – Puerta a Puerta

GoCary Door to Door customers must submit a Change of Address Form within 30 days of any address change to confirm continued eligibility for service.

Date of	Address Change:		_	
Name <sub>-</sub>				
<mark>New</mark> Pł	nysical Address			
City		State	Zip Code	
<mark>New</mark> M	ailing Address			
City		State	Zip Code	
	I have included Proof of Residency showing my new address with this application (ex. Copy of valid Driver's License, Utility Bill, or other Statement).			

\*Special Note: Please copy proof of eligibility documents onto an 8.5 x 11 sheet of

paper. Do not cut to a small size. Do not staple, tape, or attach items together.

I understand that the purpose of the application is to determine if my residential address is within the GoCary Door to Door transportation service area. I certify that the information provided in this application is true and correct to the best of my knowledge and that the application will be returned to me if it is not complete, which delays processing. I understand that falsification or misrepresentation of facts may result in changes to my certification status. I agree to notify GoCary if I no longer need to use the Door to Door service.

Signature of Applicant:	Date:
(Applicants must be 18 years of age to sign independent guardian is required.)	cly. Otherwise, the signature of a
If someone other than the applicant has completed thi must be provided.	is form, the following information
Printed Name:	
Signature:	
Daytime Telephone Number:	
Relationship to Applicant:	Date: