



Municipal Court of Fort Valley

204 West Church Street
Post Office Box 956
Fort Valley, Georgia 31030
478-825-8261

Change of Address Form

Complete form in its entirety or it will NOT be processed

Last Name: _____ First Name: _____

Address: _____ City, State, Zip _____

Email address: _____ Telephone number: _____

Date of Birth (MM/DD/YYYY): _____ Driver's License Number: _____

Citation/Case Number: _____ Court Date: _____

My new address is listed below:

Address

Suite/Apt# PO Box #

City, State, Zip

I declare under criminal penalty under the law of Georgia that everything stated in this document is true and I am providing a copy of my valid driver's license with the address listed above.

Signature of Defendant

Date

Printed Name

Attorney for Defendant & Bar Number

NOTE: You must provide a copy of your valid driver's license, State I.D., or proof of residency to update your address with the Court. If this request is within 10 days of your court date, your notice to appear will go to the original address.

OFFICIAL MUNICIPAL COURT OF FORT VALLEY USE

Accepting Clerk: _____ File Date: _____

Request Number: ☐ 1st ☐ 2nd ☐ 3rd ☐ other: _ _____