



## Diversion Program

# HAVE YOU MOVED OR ARE YOU MOVING?



Please use the form below to let us know your current address or if you prefer, fax us the form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

License No: \_\_\_\_\_

**Diversion Program Fax Number: (505) 841-9092**  
(Confidential Fax)