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## **OFFICE CHANGE FORM**

**OFFICE NAME:** \_\_\_\_\_

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

\_\_\_\_\_

Change of Affiliate Contact/Designated Broker: \_\_\_\_\_

New Website: \_\_\_\_\_

Any other change (i.e. phone/fax): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please email or fax to:**  
**Fax: (360) 491-1347**  
**Email: [TCR@Thurstoncountyrealtors.org](mailto:TCR@Thurstoncountyrealtors.org)**  
**[www.tcra.REALTOR](http://www.tcra.REALTOR)**