



Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

CHANGE OF ADDRESS FORM

(for Kansas Water Well Contractors, UIC and UHS Facilities)

DATE: _____

OLD ADDRESS: _____
(Facility Name)

(Address)

(City) (State) (Zip)

NEW ADDRESS: _____
(Facility Name)

(Address)

(City) (State) (Zip)

EFFECTIVE DATE: _____

CONTACT PERSON: _____

TELEPHONE #: (_____) _____ E-mail: _____

Please return this form by E-mail to: Debra.Biester@ks.gov

Fax to: 785.559.4528

Mail to: KDHE – Geology & Well Technology Section
1000 S.W. Jackson Street, Ste. 420
Topeka, KS 66612-1367