



APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF AMC PLACE OF BUSINESS

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
CHANGE FEE		\$20.00		

DO NOT WRITE ABOVE THIS LINE

**ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.
MAKE CHECKS OR MONEY ORDERS PAYABLE TO TALCB. FEES ARE NON-REFUNDABLE.**

Full Legal Name of AMC (as it appears on registration) _____

TALCB Registration No. _____

AMC PLACE OF BUSINESS CURRENTLY ON FILE WITH TALCB

Place of Business Address (must be a fixed street address, not a Post Office Box) _____

Apt. or Suite _____

City _____

State _____

Zip Code _____

Phone Number _____

AMC NEW PLACE OF BUSINESS

Place of Business Address (must be a fixed street address, not a Post Office Box) _____

Apt. or Suite _____

City _____

State _____

Zip Code _____

Phone Number _____

I certify that the information provided on this form is true and correct.

Signature of Person with Authority to Sign on Behalf of AMC _____

Date Signed _____

Typed or Printed Name _____

Title _____

PRIVACY NOTICE

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.
- (2) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receive and review the information.
- (3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.