



**RPA CHANGE IN CONTACT FORM**

**Remote Public Access (RPA ) Licensee:** \_\_\_\_\_

**I. LICENSEE POINTS-OF-CONTACT**

In the "Current Contact" section, indicate the name of the person to be replaced. In the "New Contact" section, give the listed information for the newly authorized contact.

	<i>Current Contact</i>	<i>New Contact</i>
Name		
Title		
Address Line 1		
Address Line 2		
City, State, and Zip		
Phone		
Fax		
Email Address		
Signature of New Contact		

**II. LICENSEE SUBDIVISIONS**

Unless specified on this document, this Agreement shall apply to any of LICENSEE's subdivisions, departments, and subordinate agencies.

**III. SIGNATURE**

**Note:** This form MUST be signed below by either the person who signed the original agreement or a currently designated contact person (not a newly named contact person).

\_\_\_\_\_  
Typed or printed name of licensee signatory authority or designated contact person

\_\_\_\_\_  
Title of licensee signatory authority or designated contact person

\_\_\_\_\_  
Signature of licensee signatory authority or designated contact person

\_\_\_\_\_  
Date