

FORM TWO A

NOTICE OF CHANGE OF ADDRESS

The undersigned defendant hereby gives notice to the Biloxi Municipal Court of the following change of my residential and, if different, mailing addresses:

.....
Print Full Name Date of Birth

.....
Previous Residential Address

.....
New Residential Address

.....
Previous Mailing Address

.....
New Mailing Address

.....
Telephone Number

.....
Email Address (if any)

SIGNATURE

DATE

**RETURN THIS FORM TO THE OFFICE OF THE BILOXI MUNICIPAL COURT
CLERK AT 170 PORTER AVENUE, BILOXI, MISSISSIPPI 39530 EITHER BY HAND-
DELIVERY, BY U.S. MAIL, OR BY EMAIL TO coacourt@biloxi.ms.us.**