



Change of Address Form Instructions for Submittal to CHK

1. First, you must **download** and **save** the form to your computer.
2. **Open** the saved form from where you saved it on your computer.
3. **Type** in your information, completing all fields.
4. **Check the box** under TERMS OF ACCEPTANCE & SIGNATURE and **type** in your complete name.
(By checking this box and typing your name, you are electronically signing the Change of Address form and confirming that you understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.)
5. Click **Save** on the form.
6. **Email** the completed Change of Address form to contact@chk.com.

*Note: If you prefer to submit the Change of Address form by postal mail, follow instructions 1-4 above, then **print** the completed form and **mail** to:*

Chesapeake Operating, L.L.C.
Attn: Owner Relations
P.O. Box 18496
Oklahoma City, OK 73154-0496

ELECTRONIC CHANGE OF ADDRESS FORM

I, _____, authorize Chesapeake Operating, L.L.C. and/or its affiliates/subsidiaries to change the address on my owner account.

Owner Number: _____ OR CHK Lease Number: _____

Last 4 Digits of Social Security # / Taxpayer ID: _____

(Your Owner Number is listed under the name and address section of your revenue check stub)

Name on the Account: _____

Your Name (if you are not the owner): _____

(If not previously provided, please attach documentation establishing your relationship with the Account Owner for Chesapeake's review.)

OLD ADDRESS	NEW ADDRESS
Address	Address
City/Locality/Village	City/Locality/Village
State/Province/Region	State/Province/Region
Zip	Zip
Country	Country
	Phone
	Email

Apply this address change to my: Check/Revenue Address Correspondence Address

If neither box is selected, both addresses will be updated.

All fields must be complete or the change of address cannot be processed. After Chesapeake's receipt and approval, the change of address will become effective within thirty (30) days.

TERMS OF ACCEPTANCE & SIGNATURE

I, the requestor for this Change of Address Form, warrant the truthfulness of the information provided in this submission. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Step 1: Check the box below

**By checking this box and typing my name below, I am electronically signing this Change of Address Form*

Step 2: Type in your name in the boxes below. A signature is required by all parties listed on the account.

First Name Middle Initial Last Name Suffix

First Name Middle Initial Last Name Suffix

Email this completed form to: contact@chk.com