

THORNTON MUNICIPAL COURT
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THORNTON, CO 80229-4326

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DEFENDANT CHANGE OF ADDRESS FORM

- ◆ SUMMONS NUMBER _____
- ◆ NAME _____
- ◆ NEW ADDRESS _____
- ◆ CITY, ZIP CODE _____
- ◆ PHONE NUMBER _____ (HOME) _____ (WORK)
- ◆ TODAY'S DATE _____

DEFENDANT DATE

DEFENDANT'S PARENT/GUARDIAN DATE
(If defendant is under 18 years of age)

THANK YOU