ANDREW M. CUOMO
GOVERNOR

TINA M. STANFORD, Esq.
DIRECTOR

STATE OF NEW YORK
EXECUTIVE DEPARTMENT
OFFICE OF VICTIM SERVICES

www.ovs.ny.gov

CHANGE OF ADDRESS FORM

You have submitted a claim for crime victim compensation. We would like to make sure that you receive all correspondence from us and our staff may contact you if necessary. Our regulations require that we receive notification of a change of contact information, such as address or phone number, in writing from you.

We request that you complete the information below so that we may up-date your file. This information is confidential pursuant to the provisions of section 633 of the Executive Law.

Your Claim Number:_____ (must include)

New Address:

_____
Date of Occupancy

_____
Street

_____
City/Town State Zip Code

_____ (if changed)
Telephone: daytime cell

→_____
SIGNATURE

Please return this form by mail or fax to:

NYS Office of Victim Services
One Columbia Circle, Suite 200
Albany, New York 12203

Fax to (518) 485-9144 unless OVS provides you a different fax number