

PKT ENTERPRISES

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Web Site: www.PKTEnterprises.com

CHANGE OF NAME/ADDRESS INFORMATION FORM

Name:		Effective Date:	
New Name:(Name change	es must be accompanied by match	ning social security (card)
		· ·	•
	State:		
	(Home)		
Permanent Address (if diff	erent from above):		
City:	State:	Zip:	
New Email:			
Signature:		Date:	
Please complete and send to	: PKT Enterprises, 724 North 1st St	reet, Suite 600, Minne	eapolis, MN 5540
*******	For Office Use Only	******	*****
HR Processed Payroll Processed Financial Processed			