

Hon. Christopher T. Portis
Chief Judge



Rashida A. Davis
Court Administrator

Municipal Court of Atlanta
150 Garnett Street, SW
Atlanta, GA 30303

CHANGE OF ADDRESS

Last Name: _____ First Name: _____

Citation/Case Number: _____ Court Date: _____

Date of Birth (MM/DD/YYYY): _____ Driver's License Number: _____

Please take notice that my address and/or contact information has changed. My new address and/or contact information:

Address

City, State, Zip

Phone

Email

I declare under criminal penalty under the law of Georgia that everything stated in this document is true.

Signature

Date

Printed Name

OFFICIAL MUNICIPAL COURT OF ATLANTA USE

Accepting Clerk: _____ File Date: _____