CO CDASS
Powered by PPL

Information Change Form

Purpose of this form:

Use this form to change your name or contact information in Public Partnerships LLC's (PPL) electronic system.

Instructions: Complete form and send it to PPL by fax at 866-947-4813, by email at cocdassadmin@pplfirst.com, or through mail at our address: Public Partnerships LLC, 8000 Avalon Blvd, Suite 300, Alpharetta, GA 30009.

This change is for the (check one): ☐ Member ☐ Attendant ☐ Authorized Representative

Name Change Section

Name (first, middle, and last):_____ PPL ID: (if applies): _____

Previous Name (first, middle, and last, if a name change): _____

Did you attach the identity documents showing the above name change? ☐ Yes ☐ No

Note: PPL cannot update name records without a copy of the new social security card and picture ID.

Contact Information Change Section

Street address: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Previous phone number: _____ New phone number: _____

Date contact information changes take effect: _____

Agree and sign (for both employer and attendant):

By signing below, I confirm that:

- The above changes to my name (if any) and/or contact information are complete and correct.
- I am asking PPL to change the information in PPL's electronic system to match what I have entered above.

Your Signature: _____ **Date:** _____

Your Name (please print): _____