

**BEE CAVE  
MUNICIPAL COURT  
CHANGE OF NAME/ADDRESS FORM**

Case Number \_\_\_\_\_

(REQUIRED FIELD)

I, \_\_\_\_\_, am requesting that the Municipal Court change the record of my address/name. I understand that it is my duty and obligation to ensure that my address is correct and to notify the court of any changes.

Change name to: \_\_\_\_\_

Present address \_\_\_\_\_

CHANGE TO  
STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

The above is true and correct to my knowledge.

License Number/Identification Number \_\_\_\_\_

Signed this \_\_\_\_\_.  
DATE

Defendant's Signature : \_\_\_\_\_

Received by \_\_\_\_\_

Clerk

**NOTE -FORM WILL NOT BE PROCESSED IF NOT COMPLETED CORRECTLY**

**IF FILLING THIS FORM OUT ON LINE, YOU MAY FAX/ SCAN AND EMAIL OR MAIL IT TO THE COURT**

[court@beecavetexas.gov](mailto:court@beecavetexas.gov)

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