



CHANGE/CONFIRMATION OF ADDRESS

Please complete and return the Change/Confirmation of Address along with the enclosed W-9(s). Please note that EQT requires a W-9 with the current address to be on file for each, individual associated with the account.

* Denotes a required field

* Effective Date: _____

* Last Four Digits of your Social Security Number: _____

(your SSN is on file, please provide for verification purposes)

EQT Owner Account Number: _____

Lease Number (s): _____

* Previous Address: _____

* New Address: _____

* _____
 Signature Date

* _____
 Print Name

* _____
 Phone Number

* _____
 Email

Please Return this to:
 EQT Production Company
 C/O Owner Relations
 400 Woodcliff Dr
 Canonsburg, PA 15317
 ownerrelations@eqt.com