

FLOYD COUNTY SHERIFF'S OFFICE

SEX OFFENDER CHANGE OF INFORMATION FORM

New Address
 Employment
 Vehicle
 SRN:

DOB: _____ Last Name: _____ First Name: _____ Middle Name: _____

Cell Phone # _____ Email Address: _____

Address

Previous Address Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Proposed Moved OUT Date: _____ Month _____ Day _____ Year _____

Current Address Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Proposed New Address Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Proposed Moved IN Date: _____ Month _____ Day _____ Year _____

Mailing Address: _____ If Different than above

Employment

Current Employment if no change: _____

Previous Employment Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Date Employment Ended: _____ Month _____ Day _____ Year _____ Supervisor Name: _____

Proposed New Employment Employer Name: _____ Phone # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Proposed Employment Begin Date: _____ Month _____ Day _____ Year _____

Vehicle Information

Vehicle Info: TAG# _____ State: _____ Expiration: _____

VIN# _____ Vehicle type: _____

Color: _____ Style: _____ Make: _____ Model: _____

In accordance with O.C.G.A. § 42-1-12, the information I have provided is true and accurate. I understand that providing false information on this form is a felony violation of O.C.G.A. § 42-1-12.

Signature of Offender: _____ Date: _____

Law Enforcement Official Sign: _____ Date: _____