

Registration Technologies, Inc.
ACCOUNT EMAIL CHANGE REQUEST FORM

Please complete this form and fax it, along with a government issued photo ID to 401-679-0404

Dear Registration Technologies, Inc:

I no longer have my account name and/or password and the email address listed in my account is no longer valid for me.

I certify to you that I am either the legal owner of the account and all the domains in the account, or I am a legitimate and legal representative of the entity that owns the account and as such I am empowered to act on behalf of the owner.

I have included a government issued photo ID to verify that I am the person signing this form.

I understand that there is no fee for this service.

(Please type or print clearly)

Today's Date: _____ Support Ticket # (if you have one): _____

Domain or User Name: _____

My Name: _____

My Street Address: _____

City: _____

State/Province: _____ Postal Code: _____

My Daytime Phone Number: _____

My new email address: _____

My Relationship to the Account Holder:

My Signature:
