

**DelDOT  
Snow Removal Reimbursement Program**

**Change Form**

**Please complete when any association information has changed.**

**Return completed form to: Linda Stump  
DelDOT M & O  
PO Box 778  
Dover DE 19903**

Association Name:	
Association EI Number:	
<b>Association Address:</b> where reimbursement check and informational letter will be mailed <b>NOTE:</b> DE W9 must be completed if association address has changed. <a href="http://accounting.delaware.gov">http://accounting.delaware.gov</a>	
Name of association contact:	
Contact's Address: where correspondence will be mailed	
Home phone number:	
Work phone number:	
Email address:	
NOTES	

