



# Request for Change of Service

Instructions: Fill in information below to process a change of service request.  
Mail completed form to:

FACTS  
1930 Winter Street  
Kingsburg, CA 93631

LAST NAME	FIRST NAME	MIDDLE NAME

DATE OF BIRTH (MM/DD/YY)	FILE NUMBER

Current Service: \_\_\_\_\_

Service you would like to change to: \_\_\_\_\_

## Terms and Conditions

1. There is never an added fee for changing your service, other than the additional cost difference of any new service.
2. A change of service may be requested at any time.
3. After 10 business days from your initial service application, the following may apply:
  - a. If the new service you are changing to has a higher fee than your current service, you will be responsible to pay the difference within 10 business days after notification of completion of your change of service.
  - b. If the new service you are changing to has a lesser fee than your current service, you WILL be refunded the difference in cost within 10 business days. This applies only under the condition that services have not been provided and rendered at time of request. No refund will be given if services have been complete and provided.
4. For cancellation of service information and request, please refer to FACTS Form 8, Request for Service Cancellation.

By signing this form you are attesting that you understand and agree to the following terms.

1. I certify that I am the applicant named on this form.
2. I acknowledge that the attestation signed when I submitted my application is still in force and that this document is intended to adjust my application to the service that best meets my needs.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE