



Owner Contact Form

Contact Information (required)

Please provide the following contact information for our records.

Owner Name*:	
<i>*Owner Name must match official owner of record (Deed, Court Order, etc.)</i>	
Mailing Address:	
Email Address:	
Phone Number(s):	
Complete attached Form W-9	See Attached Form

I would like to be contacted about enrolling in ACH (automatic deposit of payments).

(Circle or highlight one): **YES** **NO**

Notice of Authorized Representative(s):

If you are acting as a legal representative for the account holder, or if you are the account holder and wish to authorize other representatives to access information or make changes to your account, please provide the information below and enclose the proper documentation supporting the representation (such as a Power of Attorney or Management Agreement).

Name and Title of Representative:	
Email Address: (if different from contact above)	
Phone Number: (if different from contact above)	

Authorization (required)

I authorize Santa Fe Operating, LLC to update my contact information in their records as specified above.

Signature:	Date:
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Please return this completed form, along with a W-9 if you have not already provided one, either by email to OwnerRelations@sfooperating.com or by mail to:

Santa Fe Operating, LLC
410 17th Street, Suite 1600
Denver, CO 80202

Should you need assistance or have any questions, please email us: OwnerRelations@sfooperating.com.