



**Monmouth County Department of Human Services
Division of Behavioral Health
Intoxicated Driver Resource Center**

Tel: 732-308-3713
Fax: 732-625-3907

3000 Kozloski Road
Freehold, NJ 07728

Change of Address

Date: _____

Name: _____

Date of Birth: _____

Driver's License Number: _____

Current Address: _____

City, State, Zip: _____

Current Phone Number: _____

Current Email: _____

As of _____
Date

**I, _____ request that the
Monmouth County Intoxicated Driver Resource Center change my
contact information to the above.**