

COLORADO SEX OFFENDER REGISTRATION ADDRESS ADDENDUM

SEX OFFENDER INFORMATION

REGISTRANT LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	SOCIAL SECURITY NUMBER	

REGISTRANT ADDRESS INFORMATION

<input type="checkbox"/> I have a permanent residence <input type="checkbox"/> I do not have a permanent residence (lack a fixed residence)			
<input type="checkbox"/> Previous Home Address <input type="checkbox"/> Current Permanent Address <input type="checkbox"/> Relocation Address <input type="checkbox"/> Other/Secondary Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Homeless/Transient Location	PHYSICAL ADDRESS OR LOCATION(S) YOU HABITUALLY SLEEP, CROSS-STREETS, INTERSECTIONS, DIRECTIONS, ETC.		
	APARTMENT/UNIT NUMBER	CITY	STATE
COUNTY	ZIP CODE	BEGIN DATE AT ADDRESS OR LOCATION	END DATE AT ADDRESS OR LOCATION

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	APARTMENT/UNIT NUMBER	CITY	STATE
COUNTY	ZIP CODE	BEGIN DATE AT ADDRESS OR LOCATION	END DATE AT ADDRESS OR LOCATION

ADDITIONAL ADDRESS INFORMATION

REGISTRANT SIGNATURE

By signing below, I attest that I understand and acknowledge my duty to register as a sex offender, as required by the Colorado Sex Offender Registration Act - Title 16, Article 22, Colorado Revised Statutes. I understand that providing false or incomplete information may constitute a misdemeanor or felony criminal offense.

SIGNATURE OF REGISTRANT	CURRENT DATE
<input type="checkbox"/> Quarterly Registration <input type="checkbox"/> Annual Registration	NEXT REGISTRATION DATE REGISTRANTS INITIALS

REGISTRATION AGENCY INFORMATION

PRINTED NAME – CRIMINAL JUSTICE AGENCY PERSONNEL	CRIMINAL JUSTICE AGENCY NAME
SIGNATURE – CRIMINAL JUSTICE AGENCY PERSONNEL	CURRENT DATE