

[Date]

[Policyholder Name]  
[New Street Address]  
[City, State, Zip Code]

Re: Confirmation of Address Change for Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to confirm that we have successfully updated the address on your auto insurance policy as per your recent request. This change is effective as of [Effective Date].

**Your Updated Information:**

- **Previous Address:** [Old Street Address, City, State, Zip]
- **New Address:** [New Street Address, City, State, Zip]
- **Garaging Location:** [New Garaging Address if different from mailing]

Please note that a change in address may result in an adjustment to your policy premium. Enclosed you will find your updated Policy Declarations Page and new Insurance Identification Cards. Please replace your old cards with these new versions immediately.

If you have any questions regarding this change or your policy coverage, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Agent Name/Department Name]  
[Insurance Company Name]