



Business Change of Address Form

Please mail, fax, email, or bring your completed form to our office at 40 Richard Davis Drive.

Name: _____

Email: _____ Phone: _____

Business Name: _____

Business License No. _____

Please Check All That Apply:

Change Mailing Address

Change Physical Address

Current Mailing Address:

City State Zip

Current Physical Address:

City State Zip

New Mailing Address:

City State Zip

New Physical Address:

City State Zip

Signature _____ Date _____

OFFICE USE ONLY

Received Date: _____

Sent to P&Z Date Received: _____ Date Approved: _____

Sent to RDS Date Received: _____ Date Approved: _____