

Business Status Update Form

(Please Print)

Business Name _____

Parcel # _____

New Address _____ City _____

State _____ Zip _____ Phone _____

Email _____

Print Owner's Name _____

Signature _____ Date _____

Check all that apply:

- Business Moved within city limits
- Business Closed as of _____ Please delete from tax roll
- Please prepare final bill and mail to above address
- Contact me at above phone number

FOR OFFICE USE ONLY:

DATE CHANGED _____ INITIALS _____