



BUSINESS CHANGE FORM

REQUIRED SECTION

Business Name _____ Account No. _____

Owner _____ Telephone _____

Mailing Address _____

Contact Person _____ E-Mail _____

Optional - Complete any applicable sections:

BUSINESS NAME OR ADDRESS CHANGE

Previous Business Name: _____ Previous Owner: _____

New Business Name: _____ New Owner: _____

New Mailing Address (if changed) _____

New Situs Address (if changed) _____

CLOSED BUSINESS

Date Business ceased operating: _____ Business License Cancelled? Yes No

What happened to equipment owned by the closed business? (If sold, also complete next section)

SOLD BUSINESS

Date Business Sold _____ Business at same location? Yes No

Who has possession of Personal Property/Equipment? _____

FILED BANKRUPTCY

Filed Debtor Name _____ Case Number _____

Date Filed _____ Is business continuing operation? Yes No

Signature _____ **Date** _____

PLEASE RETURN COMPLETED FORM TO CARBON COUNTY ASSESSOR

For Assessor's Office Use Only

Person Received _____ Date Received _____

Assessor Approval _____ Date Of Approval _____