

2015 Business Change Form

Business Name: _____ Account Number: _____

Owner: _____ Telephone: _____

Address: _____

Contact Person: _____

Telephone Number: _____ E-Mail: _____

BUSINESS NAME CHANGE

Previous Name: _____

New Name: _____

SOLD BUSINESS

Date Business Sold: _____ Business at same location? Yes No

New Owners Name: _____

New Owners Phone Number: _____

New Owners Mailing Address: _____

New Business Location: _____

CLOSED BUSINESS

Date business ceased operations: _____ Business license cancelled? Yes No

What happened to the equipment? _____

FILED BANKRUPTCY

What is the case number?

Date of Bankruptcy _____ Status of Filing: _____

Date of Bankrupt _____ Business in Operation? Yes No

Please return completed form along with your Signed Statement to Millard County Assessor, 50 S. Main, Fillmore, UT 84631

Signature: _____ Date _____