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BUSINESS LICENCE MAILING ADDRESS NOTIFICATION CHANGE FORM

NAME OF: OWNER TENANT BUSINESS: _____

CIVIC ADDRESS:

CURRENTLY ON FILE	
OLD MAILING ADDRESS:	

PHONE: _____	EMAIL: _____

NEW MAILING ADDRESS	
CHANGE TO (NEW) MAILING ADDRESS:	

PHONE: _____	EMAIL: _____

DATED: _____ SIGNED: _____

BY SIGNING ABOVE I CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT

Personal information included on this form is collected solely for the purposes authorized by the *Community Charter* and is subject to disclosure in accordance with the *Freedom of Information and Protection Privacy Act*.

If you have any questions about this collection, please contact the Director of Corporate Services at the District of Kent at 604-796-2235.

FOR OFFICE USE ONLY: No Fee Required	FILING: <input type="checkbox"/> RECORDS CLERK <input type="checkbox"/> FRONT CLERICAL STAFF	COPIES TO: <input type="checkbox"/> BYLAW <input type="checkbox"/> SENIOR FINANCE CLERK
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