

**TOWN OF FALKVILLE, ALABAMA
CHANGE OF ADDRESS/
OUT OF BUSINESS FORM**

MAIL TO:
TOWN OF FALKVILLE
P.O. BOX 434
DECATUR, ALABAMA 35602
PHONE: (256) 351-4619

CHANGE OF ADDRESS FORM

FALKVILLE Account Number: _____
Business Name: _____
Old Mailing Address: _____
City, State, Zip Code: _____

NEW ADDRESS INFORMATION

Business Name: _____
New Mailing Address: _____
City, State, Zip Code: _____
New Phone Number: () -
Contact Person: _____
Email Address: _____
Physical Location: _____
City, State, Zip Code: _____

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OUT OF BUSINESS NOTIFICATION

Date of Business Closing / Business Sold (If Applicable): _____
Sold To / If Applicable: _____
New Owners Mailing Address: _____
New Owners City, State, Zip Code: _____
New Owners Phone Number: () -
Email Address: _____

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I affirm under the penalty of perjury that the above is a true and correct statement to the best of my knowledge and belief.

SIGNATURE _____ **DATE** _____