

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

MAIL TO:  
TOWN OF TRINITY  
P.O. BOX 302  
DECATUR, ALABAMA 35602  
PHONE: (256) 351-4619

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**CHANGE OF ADDRESS FORM**

TRINITY 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: \_\_\_\_\_

.....  
**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: \_\_\_\_\_

.....  
*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** \_\_\_\_\_