



## Request for Business Account Update

**Instructions:** Complete and return this Form to the Office of the Assessor-Recorder to report changes to your business.

### Business Information

Assessor's Account Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Owner's Legal Name: \_\_\_\_\_  
(Corporations must report their full corporate name.)

Business Name (DBA): \_\_\_\_\_

Business Account Number (BAN): \_\_\_\_\_  
(From your business certificate provided by the Office of the Treasurer & Tax Collector.)

### Business Account Update Information

Please check the appropriate box(es) below and provide the previous and new business information.

**Change in Ownership** Effective Date: \_\_\_\_\_

Previous Owner's Legal Name: \_\_\_\_\_

New Owner's Legal Name: \_\_\_\_\_

**From:**  Sole Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

**To:**  Sole Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

Did your federal employer identification number change?  Yes  No

**Business Name (DBA) Change** Effective Date: \_\_\_\_\_

Previous Name: \_\_\_\_\_ New Name: \_\_\_\_\_

**Business Location Change** Effective Date: \_\_\_\_\_

Previous Location: \_\_\_\_\_

New Location: \_\_\_\_\_

**Mailing Address Change** Effective Date: \_\_\_\_\_

Previous Address: \_\_\_\_\_

New Address: \_\_\_\_\_

### Contact Information

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING AND ALL INFORMATION HEREON, INCLUDING ANY ACCOMPANYING STATEMENTS OR DOCUMENTS IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Signature

Printed Name

Date Signed