

## REQUEST FOR CHANGE OF ADDRESS

Please complete all applicable sections and fax to: (408) 292-6480 or  
Mail to: CITY OF SAN JOSE, REVENUE MANAGEMENT,  
200 EAST SANTA CLARA ST, 13<sup>TH</sup> FLOOR, SAN JOSE, CA 95113

(please type or print clearly)

ACCOUNT/CERTIFICATE NO. \_\_\_\_\_

NEW BUSINESS PHONE (only if applicable) \_\_\_\_\_

NAME OF THE BUSINESS \_\_\_\_\_

### NEW BUSINESS ADDRESS

\_\_\_\_\_  
(Complete street address No-PO Box) (Suite)

\_\_\_\_\_  
(City) (State) (Zip)

### NEW MAILING ADDRESS

\_\_\_\_\_  
(Complete street address-PO Box acceptable) (Suite)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
OWNER/OFFICER SIGNATURE

\_\_\_\_\_  
DATE