# Change of Information Form

**Fee:** $25  
**Date:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Permit Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

## Current Information:

- **Residence Address:**
  - Street Address
  - PO Box
  - City
  - State
  - Zip Code

- **Business Name:**

- **Business Address:**
  - Street Address
  - PO Box
  - City
  - State
  - Zip Code
  - Telephone Number

- **E-mail Address**
- **Fax Number**

Please indicate the type of change by checking the appropriate box(es) below. Mark all that apply.

- Mailing Address
- Business
- Residence

## Change To:

**Effective Date:**

<table>
<thead>
<tr>
<th>Residence Address:</th>
<th>Street Address</th>
<th>PO Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

- **Business Name:**

- **Business Address:**
  - Street Address
  - PO Box
  - City
  - State
  - Zip Code
  - County

- **E-mail Address**
- **Telephone Number**
- **Fax Number**

## Name Change Information: (Please provide supporting documentation)

- **Previous Name:**
  - Last
  - First
  - MI

- **Current Name:**
  - Last
  - First
  - MI