



OFFICE OF ASSESSOR COUNTY OF ALAMEDA

1221 Oak Street, Room 145, County Administration Building
Oakland, California 94612-4288
(510) 272-3836 / FAX (510) 891-5542

PHONG LA
ASSESSOR

Request for Business Account Update

Instructions : Complete and return this form to the Office of Assessor to report changes to your business.

Business Information

Assessee Account Number: _____ Today's Date: _____

Legal Ownership Name: _____

Business Name (DBA): _____

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? No Yes _____

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: _____

Telephone Number: _____ Email: _____

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

Title

Date