



# CITY OF TROUTDALE

219 E Historic Columbia River Hwy, Troutdale, Oregon 97060 | 503-665-5175 | www.troutdaleoregon.gov

## Change of Address Form - Fee \$15

Please type or print clearly

Business License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

DBA: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Former Location Address/City/State/Zip: \_\_\_\_\_

New Location Address/City/State/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**ARE YOU THE PROPERTY OWNER?** Yes  No  (if no, please provide the **required** information below):

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Mailing Address/City/State/Zip: \_\_\_\_\_

*This form is for the purpose of changing my address only. I understand that the Community Development Department and Gresham Fire and Emergency Services may review this address change to insure that the location of this business meets all zoning and building codes and regulations. I attest that all other aspects of this business remain unchanged and remain in compliance with the City of Troutdale business license regulations.*

**SIGNATURE :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Amount Paid / Date: \_\_\_\_\_ Receipt # \_\_\_\_\_

### FOR OFFICE USE ONLY

CD Director:	Date:	
Planner:	Date:	
B.O. Review for C.O.:	Date:	
GFES:	Date:	
Zoning Code	NAICS Code	TAZ Code