TOWN OF EASTHAM 2500 State Highway, Eastham MA 02642 508-240-5900 Ext. 3225 or 3226

BUSINESS CHANGE FORM

In conformity with the provisions of Eastham By-Laws, Chapter 39 of the Town of Eastham Code, § 1-9, the undersigned hereby declare that the person or business listed has changed the name, been discontinued or sold.

BUSINESS NAME:		
BUSINESS LOCATION:		
Date of Discontinuance:		
f sold, name of new owner:		
Change of Business location (add	lress):	
Change of Mailing Address:		
Name Change		
Telephone:		
This information will be forwarde to respond may cause personal p	• .	artment for tax adjustments. Failure
		Owner's Signature
		Print Owner's Name
Date Received by Town Cler	k's Office	

cc: Assessing Department