



Duchesne County Assessor  
P.O. Box 998  
Duchesne, UT. 84021  
435-738-1117

### BUSINESS CHANGE FORM

Business Name \_\_\_\_\_ Account Number \_\_\_\_\_

Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

\*E-Mail Address \_\_\_\_\_

### CHANGE OF ADDRESS

Previous address \_\_\_\_\_

New address \_\_\_\_\_

### SOLD BUSINESS

Date Business Sold \_\_\_\_\_ Business at same location? Yes No

Who has possession of personal property? \_\_\_\_\_

\*Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CLOSED BUSINESS

Date business closed: \_\_\_\_\_ Business license cancelled? Yes No

What happened to the equipment? \_\_\_\_\_

\*Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FILED BANKRUPTCY

What is the case number? \_\_\_\_\_ State of filing \_\_\_\_\_

Date of Bankruptcy \_\_\_\_\_ Business still in operation? Yes No

\*Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_