



**COUNTY CLERK, RECORDER AND ASSESSOR**  
**ASSESSOR DIVISION**

**BUSINESS INFORMATION CHANGE FORM**

ALL INFORMATION PROVIDED ON THIS FORM IS SUBJECT TO VERIFICATION

**EMAIL** completed form to: [BusOpsSupport@co.santa-barbara.ca.us](mailto:BusOpsSupport@co.santa-barbara.ca.us)      **OR Mail** County Assessor, Business Division      **FAX** (805) 568-3247  
PO Box 159  
Santa Barbara, CA 93102-0159

**SECTION 1: PROPERTY INFORMATION**

Name of Business Owner \_\_\_\_\_

Name of Business (DBA)(if applicable) \_\_\_\_\_

Property ID Number(s) \_\_\_\_\_

Business Street Address \_\_\_\_\_

**SECTION 2: CHANGE OF MAILING ADDRESS**

New Business Mailing Address \_\_\_\_\_

**SECTION 3: BUSINESS CLOSURE**

No longer in business:       Business sold:

Date no longer in business or date business sold: \_\_\_\_\_

Describe the disposition of the business property: \_\_\_\_\_

Name of business or person business property sold to: \_\_\_\_\_

**CERTIFICATION**

I certify (or declare) that I am duly authorized to make this change: (make a selection)

the business owner	LLC manager or member	Attorney for the business (bar member)
An employee authorized to make this change	An officer of the corporation	CPA or public accountant of the business
Agent of the business (attach agency authorization form)	partner	

Printed name and title of person completing this form \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_