



BUSINESS REGISTRATION INFORMATION CHANGE

CITY OF BEND

Business name: _____ Registration # _____

Mailing Address: _____

BUSINESS NAME CHANGE

New name _____

Effective date _____

BUSINESS ADDRESS CHANGE

Current address _____

New address _____

Effective date _____

Signature of authorized representative _____ Date _____

Please print name and title _____

Mail to City of Bend, P O Box 431, Bend, OR 97709 or fax to 541-385-4978.

Alternative Formats:

To obtain this information in an alternative format, contact us at accessibility@bendoregon.gov or 541-388-5505.