

**\*ALL OWNERSHIP DOCUMENTS MAY BE REQUIRED\***

CITY OF LINDEN  
TAX COLLECTOR'S OFFICE  
ADDRESS CHANGE/BANK CODE

**FOR ALL LLC'S :**  
**FORMATION PAPERWORK REQUIRED**  
**DRIVER'S LICENSE WILL BE REQUIRED**  
**NAME MUST BE LISTED ON DOCUMENTS**

DATE: \_\_\_\_\_

BLOCK \_\_\_\_\_

LOT \_\_\_\_\_

LOCATION \_\_\_\_\_

TAKE BANK CODE OFF: \_\_\_\_\_

PLEASE CHANGE MAILING ADDRESS TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE : \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_