



CITY OF TROUTDALE

219 E Historic Columbia River Hwy, Troutdale, Oregon 97060 | 503-665-5175 | www.troutdaleoregon.gov

Change of Address Form - Fee \$15

Please type or print clearly

Business License Number: _____

Business Name: _____ Business Phone: _____

DBA: _____ E-Mail Address: _____

Former Location Address/City/State/Zip: _____

New Location Address/City/State/Zip: _____

Mailing Address (if different): _____

ARE YOU THE PROPERTY OWNER? Yes ☐ No ☐ (if no, please provide the required information below):

Property Owner Name: _____ Phone: _____ Email: _____

Property Owner Mailing Address/City/State/Zip: _____

This form is for the purpose of changing my address only. I understand that the Community Development Department and Gresham Fire and Emergency Services may review this address change to insure that the location of this business meets all zoning and building codes and regulations. I attest that all other aspects of this business remain unchanged and remain in compliance with the City of Troutdale business license regulations.

SIGNATURE : _____ **DATE:** _____

Amount Paid / Date: _____ Receipt # _____

FOR OFFICE USE ONLY

CD Director: _____ Date: _____

Planner: _____ Date: _____

B.O. Review for C.O.: _____ Date: _____

GFES: _____ Date: _____

Zoning Code

NAICS Code

TAZ Code