

COMMERICAL BUSINESS CHANGE OF OCCUPANT FORM

Address of Business: _____

Type of Business: _____ (Office, Salon, Sales, Retail Etc.)

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Occupant Information

Occupant Name: _____

Address: _____ City _____ State _____

Phone: _____

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Property Owner Information

Property Owner Name: _____

Property Owner Phone: _____

Please return form to the Code Enforcement Office
317 W. Broadway
(918) 225-6165

Office Use:
APPROVED: _____