



Inspections Division • 1528 Third Avenue Rock Island, IL 61201 • Phone (309) 732-7368 • FAX (309) 732-2930

A F F I D A V I T
Property Owner Change of Contact Information Form
PRINT OR TYPE NEATLY AND CLEARLY ON THIS FORM (BLUE OR BLACK INK ONLY)

OUR RECORDS INDICATE THAT YOUR CONTACT INFORMATION HAS RECENTLY CHANGED.
PLEASE COMPLETE THIS FORM AND RETURN TO THE INSPECTIONS DIVISION AS SOON AS POSSIBLE.

Business Name: _____
(Required if applicable)

Name of Natural Person: _____

State License or ID No. _____
(required)

Daytime Phone: () _____ Evening Phone: () _____

Email Address: _____ FAX: () _____

Address Line 1: _____
(Physical Address Required)

Address Line 2: _____
(P.O. Box if applicable)

City, State, Zip Code: _____

I certify and declare that the information furnished by me on this form is true and complete to the best of my knowledge and understand that all license fee renewals and inspection notices will be sent to the above address.

X

Signature

Date