## Address Change Request

## Instructions

This form can be used to notify the Georgia Department of Public Safety, MCCD Regulations Compliance Section of an address change. Complete the form below in its entirety. Once completed, sign the form, make a copy for your records. and **mail or fax this form to MCCD Regulations Compliance.** Failure to include the required information may result in a delay in processing your request.

## Part 1. Information displayed on your current Non-Consensual Towing Permit:

Owner	: Number: r's Name:						
Owner	rs Name	Last	Name	First I	Name		MI
Busine	ess Name:						
Physic	cal Address:						
	_	Street & Number		City		State	Zip Code
art 2. Your n	new proposed addres	ss:					
Busine	ess Name:						
	usiness Physical Addre	ss: (Do			_		
	P.O. Box unless panied by a Street Add	ress)	Stree	et & Number			
4000111	•		City	State	Zip Code		
accomp	·		·	State	Zip Code		
			·		Zip Code		
	usiness Numbers:		·	County	Zip Code	_	
New Bu	usiness Numbers: <sup>able)</sup> Mailing Address		Telephone Number	County		_	

_ot #1			_			
	Street & Number	City	State	Zip Code	County	
Lot #2						
	Street & Number	City	State	Zip Code	County	
wrecker serv	six (6) feet fencing, lighted, au ice shall utilize 'drop Zones'' of Public Safety for use by the	or leave impounded	vehicles at an	y impound lot or o	roperty should be in other location that ha	a commercial zone. <u>No</u> as not been approved by t
Part 5. Ide	ntification information:					
	ntification information:					
US DOT Nu						
US DOT Nu	mber:		operty Permit	#:		
US DOT Nu GA DOT Nu MCA Numbe	mber:	  Pr				
US DOT Nu GA DOT Nu MCA Numbe Business Lie Part 6. You	mber: mber: er:	  Pr	Coun	ty where Issued	?	
US DOT Nu GA DOT Nu MCA Numbe Business Lie Part 6. You	mber: mber: er: cense Number: r valid Commercial Insura	  Pr	Coun	ty where Issued	?	
US DOT Nu GA DOT Nu MCA Numbe Business Lie Part 6. Your (including a	mber:er:  cense Number:er valid Commercial Insural Certificate of Liability):	Pronce as required i	Coun n DPS Rule(s y: □FAX	ty where Issued	?	
US DOT Nu GA DOT Nu MCA Numbe Business Lie Part 6. Your (including a	mber: er: cense Number: r valid Commercial Insura a Certificate of Liability):	Pronce as required i	Coun n DPS Rule(s y: □FAX	ty where Issued	?	
US DOT Nu GA DOT Nu MCA Numbe Business Lie Part 6. Your (including a	mber: er: cense Number: r valid Commercial Insura a Certificate of Liability):	Pronunce as required in Later Delivery beax Number: (404	Coun n DPS Rule(s y: □FAX ) 624-7246.	ty where Issued s) Chapter 570-3 □Ma	?	location

Return completed form to: Georgia Department of Public Safety MCCD Regulations Compliance P.O. Box 1456 Atlanta, G.4 30371 FAX To: 404-624-7246