



Long Beach Fire Department Bureau of Fire Prevention

REQUEST TO CHANGE ACCOUNT INFORMATION

I, _____ hereby certify that I am the _____
of the business located at _____ Long Beach, California.

Account(s) # _____

Business Name _____

Contact's Email _____ Telephone # _____

Please update the **BUSINESS NAME**

From: _____

To: _____

I **HAVE** supporting documentation.

I **DO NOT** have supporting documentation.

Please update the **OWNER/CUSTOMER NAME** (due to OWNERSHIP CHANGE)

From: _____

To: _____

I **HAVE** supporting documentation.

I **DO NOT** have supporting documentation.

City of Long Beach Business License # BU _____

Please update the **MAILING ADDRESS**

From: _____

To: _____

Please update the **CONTACT PERSON**

From: Name _____ Telephone # _____

Email _____ Mobile # _____

To: Name _____ Telephone # _____

Email _____ Mobile # _____

Signature _____ Today's Date _____

FOR FIRE PREVENTION USE ONLY

Request Received on _____ By: Email Fax US Mail In Person

Account Status at time of Request:

Active ActPlan Collect WriteOff Closed Agency SmClaims Bankrupt

FP Clerical _____ Date Completed _____

NOTES: _____