



CHANGE OF ADDRESS NOTIFICATION Hackney Carriage, Private Hire Vehicle Proprietors, Drivers and Operators

| | | | |
|--|--------------------------|-------------------------|--------------------------|
| Title: | | First Name(s): | |
| Surname: | | | |
| Previous address: | | | |
| Postcode: | | | |
| From (date): | | | |
| New address: | | | |
| Postcode: | | | |
| Mobile: | | | |
| Please tick box for each licence held: | | | |
| Hackney Carriage Vehicle | <input type="checkbox"/> | Hackney Carriage Driver | <input type="checkbox"/> |
| Private Hire Vehicle | <input type="checkbox"/> | Private Hire Driver | <input type="checkbox"/> |
| Private Hire Operator | <input type="checkbox"/> | | |

Signed: _____ Date: _____

When completed, please return this form to the Licensing Team:-

Boston Borough Council
Municipal Buildings
West Street
Boston Lincs
PE21 8QR