



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:			
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