



NOTIFICATION OF CHANGE OF ADDRESS – DRIVER & VEHICLE

A great place to live, work & play

To: The Licensing Authority, Scarborough Borough Council, Town Hall, Scarborough, YO11 2HG

TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)	
Surname	
Forenames	
PREVIOUS ADDRESS	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
Badge Number (Must be completed)	
Plate Number (If applicable)	

WISH TO INFORM THE LICENSING AUTHORITY OF THE FOLLOWING:

NEW ADDRESS	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	

PLEASE TURN OVER

Checklist (please tick the relevant box)	
I have enclosed the fee for a replacement vehicle licence	<input type="checkbox"/>
I have enclosed the fee for a replacement drivers licence	<input type="checkbox"/>
I have enclosed the paper copy of my licence	<input type="checkbox"/>

Signed:	
Date:	

Your amended licence(s) will be posted to the address you have provided above. Please allow at least 48 hours from the date you submit your request.

If you wish to collect your licence(s) from the Customer First Centre please tick the box (a contact telephone number is required).