DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

Notice of Change in Location of Cinerator Facility

NONREFUNDABLE REQUIRED FEE: $250

This form is for reporting a change in location of a cinerator facility, and requesting an inspection of the proposed new location, pursuant to Section 497.606, Florida Statutes. This form is NOT used to report a change in ownership of a cinerator facility. This form must be filed **BEFORE** the new location is ready for inspection.

Operations at the new location shall NOT commence until an inspection of the new location by the Division of Funeral, Cemetery, and Consumer Services is conducted and passed.

1. Name of cinerator facility as shown on license:
2. License number of cinerator facility:
3. Current address of cinerator facility (street, city, state, zip):
4. Proposed new address (street, city, state, zip):
5. Date the new location will be ready for inspection:
6. Name of facility representative:
7. Phone number of facility representative:
8. Signature: I certify that the above information is true to the best of my belief. _____ _____ Signature of Cinerator Facility Representative Date Signed
Mail completed application with all attachments and required fees to: Division of Funeral, Cemetery, and Consumer Services Revenue Processing Office P.O. Box 6100 Tallahassee, FL 32314-6100

DFS RECEIPTS

SECTION	BT	TYCL	
MT	2900	E	$225
	3801	F	$ 25