

ULHASNAGAR MUNICIPAL CORPORATION

CITIZEN FACILITATION CENTRE

Token Number (For Office Use)	SUBJECT: INCREASE OR DECREASE IN AREA OF BUSINESS PREMISES / WEIGHT / QUANTITIES / ETC.										
Citizen Identification Number	Token Number (For O	ffice Use)									
(If Citizen Identification Number is given, do not fill below Details) Applicant's Details: Name Father/Husband's Name Last Name/Surname Name Father/Husband's Name Details of Society (If Application from Society): Name Father/Husband's Name Details of Society (If Application from Society): Name Father/Husband's Name Details of Society (If Application from Society): Name Name Mathematication from Society): Name Name Name Of Society: Designation Imformation Meddress: Imformation Imformation Head Information Imformation House/Building/Soc. Name: Imformation Imformation Flat/Block/Barrack No.: Imformation Imformation Road/Street/Lane: Imformation of Property: Imformation Ward Committee No.: I I I Vard Committee No.: I Imformation of Property: Imformation Type of Property I Land Imformation (Please Tick [*] as applicable) Imformation above service: Imformation Number of the Ward committee <td></td> <td></td> <td></td> <td>Dat</td> <td>te:-</td> <td>1 1</td> <td></td>				Dat	te:-	1 1					
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4 Details of Storage									
Se	Serial Description of goods to Quantity of Stock								
No. be stored		Kilo		Litre		Number			
	1								
	2								
3									
	4								
	5								
5	Natu	re of Business							
6	Peric	od of Business (If Temparor	y) Fron	n		То			
7	Deta	ils about Increase/ Decreas	e			I			
	in Bu	siness and its valid reasons	5						
		Necessary Enclosures rel					nder.		
		(If enclosed t		or not enc	losed tick	[X])	X7 /NT		
1	Doc	uments of ownership of the	losures addition	al space			Yes/No		
2		co-date receipt of Tax bill paid		-					
3							<u> </u>		
Declaration									
I/We state on solemn									
affirmation that the above information is true and correct to the best of my/our knowledge. If									
	the	information given is found	wrong	then I/We	shall be	e held legal	ly liable for its		
	cons	equences.							
	Date:- Applicant's Signature				gnature				
() The document may please be deliverd to:									
		. Self/Nominated Person		a) C F C [1 b) C	amn No 🏾 [1		
	-	Name of Nominated Person		, –	- ,)		
	2		/m (
	2. By Post								
a) U.P.C. [] b) Register A.D. []									
3. Courier []									
(Not to be filled if address is same as above) Correspondence Address:-									
		Name/ Surname	Name	e		Father/Hush	oand Name		
House/Building/Soc. Name:									
Flat/Block/Barrack No.: Wing/Floor:									
Road/Street/Lane: Taluka: Area/Locality/Town/City: Taluka:									
Pi	n code:								
Email Address (if any):									