



Special Amendment Form

Date: _____

Applicant Information

Full Name: _____
Last *First*

Address: _____
Street Address

Phone: _____ Email _____

Business amendment information

Business Name: _____

Address: _____

Business Phone: _____

Business E-mail: _____

Website/Facebook: _____

Contact Person: _____

Requested changes to Entry

Contact Details: _____

Opening Hours: _____

Changes to your general content:

Signature: _____

Date _____

Please email to info@ourlocaldirectory.ie

or post return to

Our Local Directory, The Old Creamery Enterprise Centre, Piltown, Co. Kilkenny.