City of Tuscaloosa
Finance Department

P.O. Box 2089 • Tuscaloosa, AL 35403
(205) 248-5170 • FAX: (205) 349-0197

Mayor Walter Maddox

IMPORTANT NOTICE

The Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Act 2011-535, as amended by Act 2012-491) requires some of our vendors to provide documentation establishing that the vendor is enrolled in the E-Verify program. You (or your company) have been identified as a vendor that must provide this documentation to the City of Tuscaloosa so that we can continue to make payments to you for your services. You must comply with this requirement before future payments can be made to you (or your business).

Should you have questions, contact us at (205) 248-5170 or email accountspayable@tuscaloosa.com. Otherwise, please complete the attached form and return it, along with your E-Verify Memorandum of Understanding, to the City of Tuscaloosa as soon as possible. If you believe these obligations do not apply to you, please complete the Declaration form included.

For your convenience, the attached form and your E-Verify Memorandum of Understanding can be returned by mail, email, or fax. If your business is not yet registered with E-Verify, you can start the registration process by going to http://www.dhs.gov/e-verify.

We thank you for your cooperation.

By signing below, I hereby certify to the City of Tuscaloosa that the below named company is enrolled in the E-Verify program as required by the Beason-Hammon Alabama Taxpayer and Citizen Protection Act.

Please return this completed form, along with a copy of your E-Verify Memorandum of Understanding, to the City of Tuscaloosa.

Mail:
City of Tuscaloosa
Finance Department
P.O. Box 2089
Tuscaloosa, AL 35403

Email:
accountspayable@tuscaloosa.com

Fax:
205-349-0197

_____
Company Name

_____
Company Street Address

_____
City, State & Zip Code

_____
Print Name of Officer Title

_____
Signature of Officer Date

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DECLARATION

I/we have reviewed the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, as amended, and do not believe the obligations of the Act apply to me, my business or organization because: (check one)

- ☐ I am a sole-proprietor with no employees.
- ☐ I/we do not employ any employees who work in the State of Alabama.
- ☐ I/we only have volunteers and no persons who receive compensation for services.

By signing below, I hereby certify to the City of Tuscaloosa that the above is true and correct.

_____

Company Name

_____

Company Street Address City, State & Zip Code

_____

Print Name of Officer Title

_____

Signature of Officer Date

Mail:
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