



# Close Business Request

## Revenue Division

CLEARLY PRINT OR TYPE ALL INFORMATION

<b>BUSINESS INFORMATION:</b>		
Business Name	City of Tuscaloosa Account Number	
Trade Name (DBA)	State Tax ID Number and/or Federal ID Number	
Physical Address of Business		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone Number	Email Address	
<b>ACCOUNT CLOSURE INFORMATION:</b>		
Date Business Closed	Reason for Closing	
If business was sold, please provide the following information:		
Name of Purchaser	Date Business Sold	
Address of New Owner/Purchaser	Phone Number	Email
City	State	Zip Code
<b>AUTHORIZATION TO REQUEST CHANGE OF ACCOUNT STATUS</b>		
<i>I HEREBY CERTIFY that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties as prescribed by law.</i>		
Representative's Signature	Date	
Printed Name	Title	
Email	Phone	
<b>ALL TAX, LICENSE, OR AUDIT DELINQUENCIES AND BALANCES MUST BE FULFILLED WITH THE CITY OF TUSCALOOSA REVENUE DIVISION BEFORE THE ACCOUNT CAN BE CLOSED.</b>		
Mail completed form to: City of Tuscaloosa, Revenue Division PO Box 2089 Tuscaloosa, AL 35403	Email completed form to: <a href="mailto:RevenueOffice@Tuscaloosa.com">RevenueOffice@Tuscaloosa.com</a> Questions? Call our office: 205-248-5200	