



FINANCE DEPARTMENT City Hall ♦ 210 Lottie Street, Bellingham, WA 98225
Telephone: (360) 778-8010 ♦ Fax: (360) 778-8001

CONFIDENTIAL TAX INFORMATION AUTHORIZATION

The Representative named on this form is authorized to receive confidential tax information from the City of Bellingham License and Tax Administration. This form will be placed in the taxpayer's file.

City of Bellingham Account Number _____ **UBI No:** _____

Taxpayer Name(s) _____

Address: _____

City _____ State _____ Zip _____

Telephone No: _____ E-Mail _____

Representative(s) _____

Address: _____

City _____ State _____ Zip _____

Telephone No: _____ E-Mail _____

Authorized Information and Year(s) (please be specific or state "All")

Revocation of Confidential Tax information Authorization

If you want to revoke a prior tax information authorization, check this box

Signature of Taxpayer(s)

I certify that I am shown in official Washington state records as the owner, corporate officer, registered agent, or partner of the above business/account and that I am authorized to execute this form on behalf of the business/account for the information and periods stated above. **If you are the guardian, executor, receiver, administrator, or trustee, please provide proof of your authorization.**

X _____
Print Name

X _____ Date _____ Title _____
Signature

X _____
Print Name

X _____ Date _____ Title _____
Signature