CITY OF HUNTSVILLE
FINANCE DEPARTMENT
TAX INFORMATION AUTHORIZATION

Taxpayer Legal Name: _____

Taxpayer D/B/A Name: _____

COH Taxpayer ID #: _____

The following person(s) (print or type Name and Address of each person):

_____

_____

_____

_____

are authorized to inspect and/or receive and/or discuss confidential tax information with City of Huntsville representatives for the following tax matters (print or type description of all tax matters)**:**

_____

_____

_____

The City of Huntsville is also hereby authorized to send notices and other written communications to the person(s) named above.

This tax information authorization automatically revokes all earlier tax information authorizations on file with the City of Huntsville for the same tax matters covered by this authorization.

_____
Signature

_____
Printed name (and title, if applicable)

_____
Date