



Collections
20 East Main Street, Suite 450
PO BOX 1466 MS 1170
Mesa, Arizona 85211-1466
Phone (480) 644-3570
Fax (480) 644-2687

Business Clearance Request Form

Date: _____

Tax License or Account # _____

Requestor's Name: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone #: _____ Fax #: _____

Mailing address to mail request: _____

Reason for the request: _____

Dissolution of Corporation Date of Dissolution of Corporation: _____

Sale of Business Date of the Sale: _____ Transaction Privilege Tax# _____

Name of New Owner: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Other (please specify): _____

Signature: _____

Print Name: _____

Title: _____
(Corporate Officer, Partner, Member, or Owner)

Print and Mail form to: City of Mesa, Collections, PO Box 1466, MS 1170 Mesa, AZ, 85211-1466.