

ACCOUNT CHANGE OR CLOSURE FORM

Use this form to notify the City of Greeley of any change in the trade name (or d/b/a/), change of business or mailing address, contact person, or to notify the city that you want to close your sales tax account. If you are closing your account, please indicate the appropriate reason.

ACCOUNT NUMBER

Authorized Signature	Telephone Number
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TRADE NAME OR ADDRESS CHANGE

CURRENT NAME AND ADDRESS	NEW BUSINESS ADDRESS
	Name _____ Address _____ _____ City/ST _____ <input type="checkbox"/> Business Address <input type="checkbox"/> Mailing Address

BUSINESS CLOSURE

LAST DAY OF BUSINESS: / /	CONTACT PERSON
REASON: <input type="checkbox"/> Ownership has changed <input type="checkbox"/> Business has been permanently discontinued <input type="checkbox"/> Business has been sold	Name _____ Phone _____ Email _____

Sales Tax License Change or Closure

Please complete the form on the back of this page
and mail this coupon to the City of Greeley.