REQUEST FOR CERTIFICATE OF COMPLIANCE

Date: _____

Fax: (602) 534-1995
Phone: (602) 495-5899

Deputy Finance Director
Tax Administration
City of Phoenix, Tax Division
251 West Washington, 3rd Floor
Phoenix, AZ 85003-2245

Dear Madam/Sir:

I am requesting a Certificate of Compliance for _____,
(COMPANY NAME)

City of Phoenix Transaction Privilege License Number _____. This information is needed for _____ (i.e., Bond Release, etc.).

I understand that the City is allowed fifteen (15) working days after receiving this request to provide the Certificate.

{ } I wish to arrange for pick-up.
Please call _____ at _____
when the Certificate is completed.

{ } I do not wish to arrange for pick-up. Please mail to the Certificate to
Name: _____
Address: _____
_____
_____

{ } Also, please fax the Certificate to:
Name: _____
Title: _____
Company Name: _____
Fax Number: _____

{ } Also, please mail a copy to the Arizona Department of Liquor Licenses, 800 West Washington Street, Phoenix, AZ 85007.

Thank you,

_____ _____
(Signature) (Printed)

Title: _____ Phone: _____

NOTE: Requester must be an Owner, Partner or Corporate Officer.
If not, a signed Power of Attorney authorizing release of this information must be provided.
{ } Power of Attorney attached.
{ } Power of Attorney to be provided.