

# AUTHORIZATION TO RELEASE A REVENUE CLEARANCE LETTER

City of Kansas City, Missouri  
 Revenue Division  
 414 East 12<sup>th</sup> Street  
 2<sup>nd</sup> floor  
 Kansas City, MO 64106 Phone (816) 513-1135 Fax (816) 513-1077

I authorize the City of Kansas City, Missouri, Finance Department, Revenue Division, to release a Revenue Clearance Letter for:

Name of Taxpayer: \_\_\_\_\_ Tax I.D.# \_\_\_\_\_  
(PRINT)

Address: \_\_\_\_\_

**Check this box and complete this section to send the Clearance Letter to a contractor.**

I authorize the City to provide a copy of the Taxpayer's Revenue Clearance Letter to the following:

<b>NAME (PRINT)</b>	<b>BUSINESS NAME</b>	<b>TITLE</b>
<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>	
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>E-MAIL ADDRESS</b>

I authorize the City to provide the Taxpayer's Revenue Clearance Letter to all City Departments and to publish on the City's internet/intranet website that the Taxpayer is in compliance with the tax ordinances administered by the Commissioner of Revenue.

Please send my 1<sup>st</sup> Revenue Clearance Letter to: \_\_\_\_\_  
(Print Name of City Department/Contact Person/E-mail/Fax Number)

This authorization shall expire one (1) year from the date on the bottom of this form.

The City, Commissioner of Revenue and the Revenue Division personnel (hereinafter "the City"), are hereby held harmless from any and all liability relating to unauthorized disclosure of confidential tax information resulting from release of information under all applicable confidentiality laws including federal, state, or local including any damages sustained by wrongful transmission of confidential tax information to any other person.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AUTHORIZATION, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

**I hereby certify that I am the Taxpayer named herein or that I have the authority to execute this authorization on behalf of the Taxpayer and hold harmless agreement.**

<b>NAME (PRINT)</b>	<b>TITLE (IF APPLICABLE)</b>	
<b>SIGNATURE</b>	<b>PHONE NUMBER</b>	<b>DATE</b>

**A FACSIMILE OF THIS DOCUMENT SHALL CONSTITUTE AN ORIGINAL**