

CLEARANCE REQUEST FORM

Please provide all information requested and mail, fax, or bring to:

**Kansas City Finance Department
Kansas City's Business Customer Service Center
1118 Oak Street
Kansas City, Missouri 64106
Phone (816) 513-1135
Fax (816) 513-1264**

Federal ID (FEIN) _____

Name (Business Name and DBA)

Address (Include City, State & Zip) _____

Request submitted by (Print Name) _____ Date _____ Phone Number _____

Signature _____

Check this box if you wish to receive this letter by fax

FAX NUMBER _____

PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING.