

**CITY OF LOVELAND****REVENUE DIVISION**

Civic Center • 500 East Third • Loveland, Colorado 80537
(970) 962-2708 • FAX (970) 962-2994 • TDD (970) 962-2620

**ONLY the Owner, Officer or Power of Attorney can request tax status. Attach POA if applicable.
This form MUST be signed by a Notary if mailed in.**

Tax Status Request

BUSINESS INFORMATION

| | | |
|----------------|--------------------|-----------|
| Business Name: | Loveland License#: | |
| DBA Name: | FEIN: | |
| Address: | | |
| City: | State: | Zip Code: |

OWNER/OFFICER INFORMATION

| | | |
|---------------------|--------------------------|-----------|
| Owner/Officer Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Phone Number | Driver's License Number: | |

MAILING INFORMATION

| | | |
|----------|--------|-----------|
| Name: | | |
| Address: | | |
| City: | State: | Zip Code: |

SIGNATURE

I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true, correct and complete. I declare in the second degree that I am duly authorized to request this tax status letter and that I am acting in my official capacity in making this request.

| | |
|---------------|-------|
| Name (Print): | |
| Signature: | Date: |

Office Use Only:

Date Received:

Employee Signature:

State of Colorado
County of _____

(Notary's official signature)

(Commission Expiration)

Notary Seal