



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