



CITY OF SALEM, VIRGINIA

Business Information Release Form

Business Name: _____ Business ID: _____

Taxpayer Name: _____ Contact Phone: _____

Brief description of information requested: _____

Requested form of transmittal: Fax: () _____
 Email: _____
 Mail: _____

I attest that I am the taxpayer for this account or that I have authorization from the taxpayer to obtain this information and will be held fully responsible for its use. I understand that if I am not the legal owner of this account and a signed letter of authorization has not previously been submitted to this office in my name by the taxpayer, one must be attached to this form in order for information to be released to me.

SIGNATURE OF REQUESTOR

PRINTED NAME OF REQUESTOR

The release of any taxpayer's private information will require completion of this form.

Please remit to:

Commissioner of the Revenue's Office
114 N Broad Street, Salem VA 24153
Fax: (540) 375-3048
Email: skuzmich@salemva.gov