

CITY MAYOR'S OFFICE
BUSINESS BUREAU
REQUEST FORM
CERTIFIED TRUE COPY

Name: _____

Business ID: _____

Permit No./Status: _____

Purpose: _____

Signature of taxpayer/representative
over printed name

Requirements:

1. Letter request stating the purpose of the request
(original copy).
2. Special Power of Attorney if represented for individual or sole proprietorship (original copy).
3. Partnership Resolution indicating the reason and authorized representative for partnership (original copy).
4. Photocopy of valid I.D of the requester.

Email Address: _____

Taxpayer's Tel/Cell No.: _____

Hotline: 241-1000 local 379