



CITY OF ALABASTER
AUTHORIZATION FOR REPRESENTATION

Taxpayer/Business Name _____

Address _____

Name of Owner, Officer or Partner _____

Title _____ Phone # _____

Social Security # _____ Federal I.D.# _____

The above named hereby authorizes the following as representative(s):

Name(s) _____

Address _____

Phone # _____ Fax # _____ Email _____

To represent the taxpayer before the City of Alabaster Revenue Department for the following business license and tax matters;

Table with 2 columns: License/Type of Tax, Years or Periods

This document automatically revokes any prior authorized representative forms on file with the City of Alabaster for the same license and tax matters and years or periods covered by this document.

Specific Instructions of the Taxpayer/City of Alabaster

Taxpayer's Name/Title (Please Print) _____ Date _____ Taxpayer's Signature _____

This form must bear the notarized signature of the owner, partner, member or officer of the corporation and the notary seal.

Sworn to and subscribed before me this _____ day of _____, 201____. A Notary Public in and for the County of _____ State of _____.

Notary Public Signature _____ My commission expires _____.