

Request to Receive Electronic (Downloadable) Paid-Up and Delinquent Report

Tax Jurisdiction (Authority) Name:		Tax Jurisdiction ID (TAID) or Taxpayer Number:	
Requestor's Name:	Requestor's Signature:		
Requestor's Title:		Telephone Number:	
I authorize the following to access and download the Paid Up and Delinquent Report. This authorization remains in effect until rescinded			
Authorized individual's name:	Email Address:	Telephone Number:	
Company Name (If 3rd Party):			
Address:			
City:	State:	Zip Code:	Date: