



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 have authorization from the taxpayer to obtain this information and will be held fully responsible for its use. I understand that if 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: [scundiff@salemva.gov](mailto:scundiff@salemva.gov) or [nstaten@salemva.gov](mailto:nstaten@salemva.gov)