



MuniServices Taxpayer Support Request to Close Account

Remit To:
Email: Support@MuniServices.com
Toll Free Phone 800-556-7274
Fax (844) 528-6529

Please complete the following information:

Account Information	
RDS Account Number :	Municipality:
Business Name: _____	
Owner's Name: _____	
Doing Business As: _____	
Business Address: _____	
City: _____	State: _____ Zip: _____
Ownership Type (Choose One):	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership
<input type="checkbox"/> LLC-Single Member	<input type="checkbox"/> LLC-Multi Member
<input type="checkbox"/> Professional Association	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Corporation	<input type="checkbox"/> Governmental Agency
FEIN/SS#: _____	Business Phone: _____

Closing Information	
Date of Closing: _____	Final Gross: _____
Reason for closing: _____	

New owners' contact info (If Business Has Been Sold) :	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____

Signature: _____

Print Name: _____

Date: _____ Phone: _____

Email Address: _____