



Avenu Taxpayer Support Request to Close Account

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

Please complete the following information:

Account Information	
Avenu 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"/> Corporation
<input type="checkbox"/> LLC-Single Member	<input type="checkbox"/> LLC-Multi Member <input type="checkbox"/> LLP <input type="checkbox"/> Governmental Agency
<input type="checkbox"/> Professional Association	<input type="checkbox"/> Other (please explain)
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: _____