



CLOSE OF BUSINESS/ACCOUNT REQUEST

COMPLETE THE FOLLOWING IF THE BUSINESS IS SOLD, CLOSED, OR DISCONTINUED.

Name of Business: _____ **Account #:** _____

Signature: _____ **Date:** _____

Owner

President of Corporation or Partnership

As owner of the business listed below, I am requesting that the business be closed for one of the following reasons (Check all that apply):

Out of Business – Business Closed Date: _____

Sold Business – New Owner Name: _____

Owner Deceased

OTHER:

You may *fax* the completed form to (912) 651-6449
or *mail* it to:

City of Savannah
ATTN: Business Tax
P.O. Box 1228
Savannah, GA 31402

Important note: The person signing this form must be the owner of the business or an authorized individual listed on the original application. For partnership and corporations, it must be signed by the President or CEO of the organization who also must be listed on the application on file.