



## TAXATION & REVENUE

City of Monroe, Louisiana  
MAYOR - COUNCIL GOVERNMENT

# REQUEST TO CLOSE SALES/USE TAX ACCOUNT

A separate form is necessary for each account

TRADE NAME:			
LEGAL NAME:			
ADDRESS	CITY	STATE	ZIP

I HEREBY AUTHORIZE THE FOLLOWING ACCOUNT TO BE CLOSED

ACCOUNT NUMBER	CLOSURE DATE
----------------	--------------

## AUTHORIZATION

CONTACT PERSON	CONTACT TELEPHONE NUMBER
SIGNATURE	DATE (MM/DD/YYYY)