



**Sales Tax Section
8401 W Monroe St
Peoria, AZ 85345
(623) 773-7112 Fax (623) 773-7383**

REQUEST FOR CERTIFICATE OF GOOD STANDING

Date: _____

Tax, License and Collections Supervisor
City of Peoria
Sales Tax Section
8401 W Monroe St.
Peoria, AZ 85345

Sir/Madam:

I am requesting a Certificate of Good Standing for, _____,
COMPANY NAME
City of Peoria Privilege (Sales) Tax License Number _____. This information is needed
for _____ (Bond Release, etc.). I understand that the City is allowed fifteen
(15) working days after receiving this request to provide the Certificate.

Please mail to:

Name: _____
Address: _____

Also please fax/email the Certificate to:

Name: _____
Title: _____
Company Name: _____
Fax Number: _____
Email: _____

Thank you,

(Signature)

(Printed)

Title: _____

Phone: _____

NOTE: Requester must be an Owner, Partner or Corporate Officer.

If not, a signed Power of Attorney authorizing release of this information must be provided.
Power of Attorney attached.
Power of Attorney to be provided.