

Taxpayer Support Request to Close Account Form

Remit to email: support@avenuinsights.com

Toll Free Phone: 800-556-7274 Toll Free Fax: 844-528-6529

Please complete the following information:

| Account No.: | Municipality: |
|------------------------------|---|
| Business Name: | |
| | |
| | |
| Business Address: | |
| City: | State:Zip: |
| Ownership Type (Choose One): | |
| LLC Single Member | General PartnershipCorporation LLP LLC Multi MemberGovernmental Agency tionOther (please explain) |
| FEIN/SS#: | Business Phone: |
| Business Email: | |
| | Closing Information |
| Date of Closing: | |
| Reason for Closing: | |
| | |
| New owners' o | contact information (If Business Has Been Sold): |
| Name: | Phone: |
| Address: | |
| | above information is to the best of my knowledge and belief, a true and accurate statement. |
| Signature: | Date: |
| Print Name: | Title: |
| Email Address: | _Phone: |