

FORM RD-C3
12/12

City of Kansas City, Missouri - Revenue Division
CLEARANCE REQUEST FORM



KANSAS CITY
MISSOURI

Phone: (816) 513-1135
Fax: (816) 513-1264
E-file: www.kcmo.org/revenue

Federal ID (FEIN)		
Name (Business Name and DBA)		
Address (include City, State & Zip)		
<input type="checkbox"/> Check this box if you wish to receive this letter by fax	Fax Number	
Request Submitted By (Print Name)	Title (If Applicable)	
Signature	Phone Number	Date

PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING

PLEASE SEND COMPLETED FORM(S) TO:

Kansas City's Business Customer Service Center
1118 Oak St.
Kansas City, MO 64106