FORM RD-C1
(12/20)

City of Kansas City, Missouri - Revenue Division

AUTHORIZATION TO RELEASE
A REVENUE CLEARANCE LETTER

Phone: (816) 513-1120
Fax: (816) 513-1264

KANSAS CITY
MISSOURI

I authorize the City of Kansas City, Missouri, Finance Department, Revenue Division, to release a Revenue Clearance Letter for:

Name of taxpayer: _____ FEIN or SSN: _____
(PRINT)
Address: _____

Check this box and complete this section to send the Clearance Letter to a contractor.

☐ **I authorize the City to provide a copy of the Taxpayer's Revenue Clearance Letter to the following:**

NAME (PRINT)	BUSINESS NAME	TITLE
ADDRESS	CITY, STATE, ZIP CODE	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

☐ **I authorize the City to provide the Taxpayer's Revenue Clearance Letter to all City Departments to certify that the Taxpayer is in compliance with the tax ordinances administered by the Commissioner of Revenue.**

Please send my first Revenue Clearance Letter to: _____
(Print Name of City Department / Contact Person / Email / Fax Number)

This authorization shall expire one (1) year from the date on the bottom of this form.

The City, Commissioner of Revenue and the Revenue Division personnel (hereinafter "the City"), are hereby held harmless from any and all liability relating to unauthorized disclosure of confidential tax information resulting from release of information under all applicable confidentiality laws including federal, state, or local, including any damages sustained by wrongful transmission of confidential tax information to any other person.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AUTHORIZATION, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

I hereby certify that I am the Taxpayer named herein or that I have the authority to execute this authorization on behalf of the Taxpayer and hold harmless agreement.

NAME (PRINT)	TITLE (IF APPLICABLE)	
SIGNATURE	PHONE NUMBER	DATE

A FACSIMILE OF THIS DOCUMENT SHALL CONSTITUTE AN ORIGINAL

Email completed form to business.license@kcmo.org or mail to:

**City of Kansas City, Missouri, Business License Office, City Hall, 1st floor, 414 E. 12th St.,
Kansas City, MO 64106**