

COMMISSIONER OF THE REVENUE
101 EAST MAIN STREET
TAZEWELL VA 24651
(276) 988-1235

Name of Bank(s): _____

Applicant's Name: _____ SS # _____

Address: _____

I DO HEREBY AUTHORIZE YOUR BANK TO FURNISH INFORMATION CONCERNING MY FINANCES TO AN AUTHORIZED REPRESENTATIVE OF THE TAZEWELL COUNTY COMMISSIONER OF THE REVENUE OFFICE

_____ DATE	_____ SIGNATURE OF APPLICANT
_____ DATE	_____ SIGNATURE OF WITNESS

Gentlemen:

The above listed person has authorized your bank to provide information concerning their account(s) to our office. We appreciate your supplying the information requested below and returning to our office as soon as possible.

Do any of the following individuals have any accounts (including joint accounts) with your bank? These would include checking, savings, Christmas club, trust accounts, stocks and/or certificates of deposit.

- 1. _____ 2. _____
- 3. _____ 4. _____

If accounts do exist, please complete the following:

<u>TYPE OF ACCOUNT</u>	<u>NAME(S) ON ACCOUNT(S)</u>	<u>ACCOUNT#</u>	<u>BALANCE AS OF DECEMBER 31</u>

SIGNATURE OF BANK PERSONNEL PROVIDING INFORMATION: