Licensing Office
55 N. Center St
Mesa, AZ 85201
Tel. 480-644-2316
Fax 480-644-3999

Tax Audit & Collections
20 E. Main St., Ste 450
Mesa, AZ 85201
Tel. 480-644-2051
Fax 480-644-2687

POWER OF ATTORNEY

1. Taxpayer/Licensee Information:

Taxpayer/Licensee Name _____ Phone_____

Address _____ FAX _____

City _____ State _____ ZIP _____ Email _____

2. Authorized Representative(s):

Name and address: _____ Phone_____
_____ FAX _____
_____ Email _____

Name and address: _____ Phone_____
_____ FAX _____
_____ Email _____

3. Power of Attorney Authorization

The taxpayer/licensee grants the above-named representative(s) a Power of Attorney to perform any and all acts that the taxpayer/licensee can perform with regard to the below-mentioned tax/license matters and tax year(s) or period(s). This Power of Attorney includes, but is not limited to, the releasing of tax/license information as well as the signing of any agreements, consents or other documents with the City of Mesa. The use of this Power of Attorney must be in accordance with Arizona Supreme Court Rule 31. Specify any limitation to the Power of Attorney:

_____
_____
_____

4. The representative(s) are granted the above named Power of Attorney authorization for the tax/licensing matters listed below:

License Type	List Tax Year(s) or Tax Period(s)	Type of Taxpayer
☐ Transaction Privilege Tax #_____ ☐ Transient Lodging Tax License #_____ ☐ Other: Type & License#: _____ _____		☐ Individual/Sole Proprietorship ☐ Corporation ☐ LLC ☐ Partnerhip ☐ Trust ☐ Other: _____

5. Signature of or for Taxpayer:

I hereby certify that the City of Mesa is authorized to release any and all information concerning the above mentioned taxpayer/licensee and to allow the individual(s) to have a Power of Attorney for the taxpayer as provided in this document. By signing this form, I certify that I have the authority to execute this authorization form on behalf of the above-mentioned, business entity, trust, estate, and/or individual(s). I understand that to knowingly prepare or present this document with fraudulent or false statements could subject me to criminal penalties under MTC 5-10-580 and/or Arizona Revised Statues Title 13, Chapter 27.

_____ _____
Signature Date

_____ _____
Print Name Title

Subscribed and sworn to me this _____ day of _____20_____.

_____ Notary Public