



BUSINESS REGISTRATION CLOSURE FORM

Phone contact – (505) 768-3354 for questions on this section or in general.
Fax # - (505) 768-3447

PLEASE ANSWER ALL QUESTIONS – INCOMPLETED FORM WILL NOT BE PROCESSED

*FACILITY ID NUMBER -

*REQUIRED FIELDS (Please Print)

OWNER
INFORMATION

*OWNER NAME:			
*ST#	*STREET NAME	*STREET TYPE	*POST DIR
*CITY	*STATE	*ZIP	
*PHONE#	FAX#		
*STATE TAX ID#	*DATE BUSINESS CLOSED OR WILL BE CLOSING		

COMPANY NAME
(DBA)

BUSINESS (DBA) NAME:		BUSINESS START DATE:	
ST#	STREET NAME	STREET TYPE	POST DIR
CITY	STATE	ZIP	
PHONE#	FAX#		
*PRINT NAME OF OWNER:			
*SIGNATURE OF OWNER:			DATE

MAIL TO: CITY OF ALBUQUERQUE /TREASURY DIVISION
P.O. BOX 17
ALBUQUERQUE, NM 87103-0017