

ALABAMA DEPARTMENT OF REVENUE
Local Governments' Online Reports Access Form

MUNICIPALITY OR COUNTY NAME _____

For the following Municipal/County employee:

NAME _____

TITLE _____

TELEPHONE _____

EMAIL _____

Grant the following access:

	YES	NO
Tax and Payment Data & Reports (State-Admin / NSA-ONE SPOT)		
Wholesale to Retail Accountability Program (WRAP)		
Municipal License Reporting		

A Non-Employee Confidentiality and Disclosure Statement (COM:103) from the above-named employee must also accompany this request.

Name of Authorized Municipal/County Official _____

Signature of Authorized Municipal/County Official _____

Title of Authorized Municipal/County Official _____

Date _____

MAIL TO: Alabama Department of Revenue
 Attention: Laura Reese, Room 4134
 Sales & Use Tax Division
 PO Box 327710
 Montgomery, AL 36132-7710

OR FAX: (334) 242-8916