



COMMISSIONER OF THE REVENUE, CITY OF NORFOLK

I, _____ am closing
my business _____

trading as: _____, located at
_____, in the City of Norfolk;

Effective: _____
Month/day/year

Please complete the appropriate section below. PLEASE PRINT LEGIBLY

In so doing, I grant permission for the city to use my bond to pay any outstanding invoices owed to it, and **refunding the difference**.

Make payable to: _____

Mailing address: _____

OR:

I hereby grant permission for my bond to be transferred to the new owner:

_____ Effective _____

If you have any questions, contact _____ at (_____) _____

_____ Date _____ 20_____

Owner's Signature

Owner's Printed Name
