



CITY OF READING, PENNSYLVANIA

CITIZEN SERVICE CENTER
815 WASHINGTON STREET
READING, PA 19601-3690
877-727-3234
WWW.READINGPA.GOV

Termination of Business Statement

Date: _____

City License Number: _____

Account Name: _____

I, _____ of the above referenced business notify the
Owner/officer's name & title

Tax Administration that we have ceased conducting business in the City of Reading

as of _____. I further certify that no business has been conducted in or is
Month Day Year
attributable to the City of Reading after the above date.

SIGNATURE _____ Date: _____

NOTE: The facts set forth herein are made subject to the penalties of 18 PA C.S. Sec. 4904 relative to unsworn falsifications to authorities.

Forwarding Address

Name

Contact phone

Address

City, State, Zip Code



FAX: (610) 655-6242 TDD: (610) 655-6442