

820 Exchange St., Suite 210 Astoria, OR 97103 (503) 325-8522 phone / (503) 338-3638 fax www.co.clatsop.or.us

Date					
I	owner	of			
Authorize Do No	t Authorize Clats	sop Coi	unty to release my _	Tax Year	_ Confidential Personal
Property List for Account	Account Number	_ to	New Owne	er's Name and	Business Name
due to selling my business	and its assets on		Date Business Sold	<u></u> ·	
Signature of Seller		-	Seller Printed Name		
Sellers Contact Informati	ion:				
Name:					
Mailing Address:					
Phone Number:					
Buyers Contact Informat	ion:				
Name:					
Mailing Address:					
Phone Number:					