



Alaska Municipal Sales Tax Program
 City of Selawik
 1 Sealaska Plaza, Ste 200
 Juneau, AK 99801



Selawik Business Closure Form

Part A - Closure Information

Account #:		Business Name:			
Last day of business in Selawik / closure date:					
Reason for Account Closure (select all that apply):					
<input type="checkbox"/>	No longer conducting business in Selawik				
<input type="checkbox"/>	Sold rental property (please complete New Owner Information section below)				
<input type="checkbox"/>	Sold business (please complete New Owner Information section below)				
<input type="checkbox"/>	Other – Please explain:				

Part B – New Owner Information

New Owner Name(s):					
Mailing Address:					
City:		State:		ZIP:	
Phone:		Email:			

Part C – Contact information & signature

Mailing Address:					
Phone:		Email Address:			
Company Representative:		Title:			
Under penalties of perjury, I affirm that the information provided above is true and correct.					
Signature:		Date:			

*This form may be returned to the Alaska Municipal Sales Tax Program via email at amstp@akml.org