



CITY OF LANSING  
TREASURER'S OFFICE/INCOME TAX DIVISION  
Room G-29, First Floor, City Hall  
124 W Michigan Ave  
Lansing, Michigan 48933  
(517) 483-4121  
FAX (517) 483-6084

ANDY SCHOR, MAYOR

LANSING TREASURY INFORMATION REQUEST

COMPLETE A SEPARATE FORM FOR EACH INDIVIDUAL SUBJECT TO VERIFICATION

Date: \_\_\_\_\_

APPLICANT/EMPLOYEE INFORMATION

Name (RA): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Social Security (last 4 digits ONLY): \_\_\_\_\_

Drivers License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

EMPLOYER/BUSINESS INFORMATION

Corporate Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone Number: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Date business was established: \_\_\_\_\_

Do you, or any of these businesses, owe the City of Lansing money for any reason?  Yes  No

If Yes, for what reason? \_\_\_\_\_

Name of any other Lansing area business in which your ownership participation exceeds 25%

\_\_\_\_\_

Signature

Date

Revised 5/9/2018