



MISSOURI DEPARTMENT OF
REVENUE
Executive Agency Affidavit and Request for
Confidential Information Under Section 610.032, RSMo

Being first duly sworn upon his or her oath, the undersigned public official states as follows:

I am an official of _____, an executive agency of the state of Missouri. This request is made in my official capacity as a representative of the Requesting Agency. As deemed necessary to perform its constitutional or statutory duties, Requesting Agency requests access to confidential record information maintained by the Missouri Department of Revenue as follows:

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| Information Requested | |
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| Duties | Constitutional or statutory duties to be performed: |
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|---------------------------|---|------|-------------------|------|-------------------|------|-------------------|
| Authorized Persons | Persons to whom the confidential information requested will be disclosed: | | | | | | |
| | <table border="1"> <tr> <td>Name</td> <td>Official Capacity</td> </tr> <tr> <td>Name</td> <td>Official Capacity</td> </tr> <tr> <td>Name</td> <td>Official Capacity</td> </tr> </table> | Name | Official Capacity | Name | Official Capacity | Name | Official Capacity |
| Name | Official Capacity | | | | | | |
| Name | Official Capacity | | | | | | |
| Name | Official Capacity | | | | | | |

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| Access | <p>If request is for continuous access to information, enter the date upon which the access is requested to begin: ___ / ___ / _____ (MM/DD/YYYY)</p> <p>(Note: If access is requested for more than one year, the requesting agency must provide an updated request annually.)</p> |
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| Signature | <p>Requesting agency affirms that the foregoing confidential information shall be used only in furtherance of the constitutional or statutory duties of the Requesting Agency as specifically stated in this request. Requester further affirms that any person receiving or releasing such confidential information shall be subject to any laws, regulations, or standards of the Missouri Department of Revenue and state of Missouri, including but not limited to Section 32.057, RSMo. and Section 32.091, RSMo. regarding the confidentiality or misuse of such information and shall be subject to any penalties provided by such laws, regulations, or standards for the violation of the confidentiality or misuse of such information.</p> <table border="1"> <tr> <td>Signature of Official</td> <td>Printed Name of Official</td> <td>Title of Official</td> </tr> </table> | Signature of Official | Printed Name of Official | Title of Official |
| Signature of Official | Printed Name of Official | Title of Official | | |

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|---|--|---|--|---|--|-------|-------------------------------|---|-------------------------|--|--|---------------------------------------|--|--|
| Notary Information | <table border="1"> <tr> <td rowspan="4">Embosser or black ink rubber stamp seal</td> <td colspan="3">Subscribed and sworn before me, this _____ day of _____ year</td> </tr> <tr> <td>State</td> <td>County (or City of St. Louis)</td> <td>My Commission Expires (MM/DD/YYYY) ___ / ___ / _____</td> </tr> <tr> <td colspan="3">Notary Public Signature</td> </tr> <tr> <td colspan="3">Notary Public Name (Typed or Printed)</td> </tr> </table> | Embosser or black ink rubber stamp seal | Subscribed and sworn before me, this _____ day of _____ year | | | State | County (or City of St. Louis) | My Commission Expires (MM/DD/YYYY) ___ / ___ / _____ | Notary Public Signature | | | Notary Public Name (Typed or Printed) | | |
| Embosser or black ink rubber stamp seal | Subscribed and sworn before me, this _____ day of _____ year | | | | | | | | | | | | | |
| | State | | County (or City of St. Louis) | My Commission Expires (MM/DD/YYYY) ___ / ___ / _____ | | | | | | | | | | |
| | Notary Public Signature | | | | | | | | | | | | | |
| | Notary Public Name (Typed or Printed) | | | | | | | | | | | | | |