



PROPOSED AMENDMENT REQUEST FORM MUNICIPAL TAX CODE COMMISSION

Date
Submitted:

Name:

Representing:

Phone:

Email:

Arizona
City/Town:

What is the
MCTC Section
or Regulation
to Amend?*

What are the
benefits of this
amendment?:

Additional
Notes:

*Please attach the specific section or regulation from the Model City Tax Code with **strikethroughs** what you propose to remove and **underline** what language you wish to add.

Please email this form and proposed amendment to ADOR's City Services Team at: citiesunit@azdor.gov *Team will acknowledge receipt via email