



CITY OF COLORADO SPRINGS
REQUEST FOR TAX PAID CERTIFICATE
(CITY PROJECTS ONLY)

City Project Contract Information

Contract Number:
Contract Name:
Contract Amount (including all change orders): \$

General Contractor Information

Company Name:
Physical Address (include city, state, zip code):
Mailing Address (include city, state, zip code):
Phone: Email:

- List all contractors on the project (company name, contact name, phone & email).
If you already have a listing of contractor information that includes the items requested below, please note "see attached" and attach to this request.

Check that both the ST-17 COS INT Assignment of Right and Materials Summary are attached for each contractor

Subcontractor Information

Company Name:
Contact Name: ST17 Cert* ST17 Mat*
Phone: Email:

Company Name:
Contact Name: ST17 Cert* ST17 Mat*
Phone: Email:

Company Name:
Contact Name: ST17 Cert* ST17 Mat*
Phone: Email:

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Phone: Email:

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Phone: Email:

Company Name:
Contact Name: ST17 Cert* ST17 Mat*
Phone: Email:

Company Name:
Contact Name: ST17 Cert* ST17 Mat*
Phone: Email:

List additional contractors on a separate sheet if needed

City Project Manager Information

Name: _____ Date Submitted: _____
Department: _____
Phone: _____ Email: _____

Please submit the Request for Tax Paid Certificate to:
Construction, Sales Tax
Mail Code 225 or Email Construction_salestax@Coloradosprings.gov

This request form must be completed in full and an ST-17 package (both forms) must be attached for each contractor listed, including the General Contractor. If the request is **incomplete** it will not be processed.