Form 5599

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:

Information Requested

Duties

Constitutional or statutory duties to be performed:

Authorized Persons

Persons to whom the confidential information requested will be disclosed:

Name	Official Capacity
Name	Official Capacity
Name	Official Capacity

Access

If request is for continuous access to information, enter the date upon which the access is requested to begin:

__ __ /__ __ /__ __ __ __ (MM/DD/YYYY)

(Note: If access is requested for more than one year, the requesting agency must provide an updated request annually.)

Signature

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.

Signature of Official	Printed Name of Official	Title of Official

Notary Information

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)		

Mail to: General Counsel's Office
P.O. Box 475
Jefferson City, MO 65105

Phone: (573) 751-4450
TTY: (800) 735-2966
Fax: (573) 751-7151