

**City of Valley**  
Post Office Box 186; Valley, Alabama 36854  
(334) 756-5220

**Tobacco Stamp Request**

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

Vendor: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

<b>Number of Stamps</b>	<b>Tax Stamp Denomination</b>	<b>Tax Stamp Cost</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Gross Total</b>		_____
<b>Postage</b>		_____
<b>Amount Enclosed</b>		_____
		=====

**Please include ship to address if it is different from vendor address above.**

**SHIP TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_