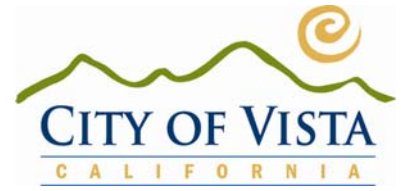


# Tax Receipt Request Form

All requests will take up to two (2) business days to process.



Today's Date \_\_\_\_\_

Year: _____	
<b>Parent's Name</b> (who paid for services)	
<b>Child's Name</b>	
<b>Child's Name</b>	
<b>Child's Name</b>	
<b>Delivery Method</b>	Fax #: _____ Pick-up
Email address: _____	
Mailing address: _____	

City of Vista tax ID # 95-6000478