Key Personnel Listing
County Tax Collector

Listing Information Request Form

Date	
Name	
County	
Address	
City, State, Zip	
Phone Number	
Fax Number	
Website	
Office Hours	

CHANGE REQUEST

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

Add ☐ *Remove* ☐ *Update* ☐

TITLE		SECTION	
NAME		EMAIL	
PHONE		FAX	

This form may be submitted by:

Fax: 916-327-3162

Email: propertytax@sco.ca.gov

Mail: State Controller's Office
Division of Accounting and Reporting
Local Government Policy Section, Suite #740
Attn: Jennifer Montecinos
Post Office Box 942850
Sacramento, California 94250-5875