

### 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	<input type="text"/>	SECTION	<input type="text"/>
NAME	<input type="text"/>	EMAIL	<input type="text"/>
PHONE	<input type="text"/>	FAX	<input type="text"/>

Add  Remove  Update

TITLE	<input type="text"/>	SECTION	<input type="text"/>
NAME	<input type="text"/>	EMAIL	<input type="text"/>
PHONE	<input type="text"/>	FAX	<input type="text"/>

Add  Remove  Update

TITLE	<input type="text"/>	SECTION	<input type="text"/>
NAME	<input type="text"/>	EMAIL	<input type="text"/>
PHONE	<input type="text"/>	FAX	<input type="text"/>

Add  Remove  Update

TITLE	<input type="text"/>	SECTION	<input type="text"/>
NAME	<input type="text"/>	EMAIL	<input type="text"/>
PHONE	<input type="text"/>	FAX	<input type="text"/>

This form may be submitted by:

Email: [propertytax@sco.ca.gov](mailto:propertytax@sco.ca.gov)

Mail: State Controller's Office  
 Local Government Programs and Services Division  
 Local Government Policy Section, Suite #740  
 Attn: Jennifer Montecinos  
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