

## LOCAL REVENUE BRANCH – CONTACT FORM

Please complete and return this form to our office any time there is a change of information to ensure our records are always up to date. Thank you!

**City/County:** \_\_\_\_\_

**Please check one:**    Local Tax            Transactions and Use Tax            Mobile Telephony Surcharge

**All legal correspondence should be mailed to the following address:**

Jurisdiction: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial correspondence should be mailed to the following address:**

*Note: Confidential information may be sent only to positions authorized by resolution*

Jurisdiction: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Paper warrants (if issued) and monthly/quarterly statements should be mailed to the following address:**

Jurisdiction: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**General Office Contact—for general information and reminders:**

Jurisdiction: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Completed by:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_