REGISTRATION/ALLOCATION MEDIA REQUEST

Please complete Sections I, II, & III, and forward this form to the address at the bottom of this page.

Board Use Only
Juris. I.D. #
Resolution verified: YES NO
Update
Ву

<u>IMPORTANT</u> Each jurisdiction must have a resolution on file with the Board of Equalization to examine allocation and/or registration data. A sample resolution is included in Publication 28 which is available on our Website www.boe.ca.gov/pdf/pub28.pdf or by calling the Board's Local Revenue Allocation Unit at (916) 324-3000.

SECTION I: MEDIA RECI	PIENT CONTACT INFO	DRMATION
(If the name/position below is Must be signed by a position a	not authorized by resolution authorized by resolution to d	on or letter of designation, this form designate other officials or employees)
Your name:		Jurisdiction:
Title:		Tax Area Code:
Address:		Telephone:
City, State, Zip:		FAX:
E-Mail Address		
	_	T (List of name, address and BOE account number for each business) up) showing all sales and use tax accounts in your jurisdiction, □ No
SECTION III: ALLOCA	TION DATA REQUEST	C (List of local tax dollars distributed to your jurisdiction by BOE account number)
A. Do you wish to receive m		
Indicate yes or no:	☐ Yes	□ No
B. If you require prior period	d local tax data*, indicate the	he periods below:
(MMYY) From:	To:	
	*AVAILABLE	E HISTORY IS LIMITED TO PREVIOUS 36 MONTHS.
Signed by individual (or desi	ignee) authorized by resolu	lution to receive confidential Board of Equalization information:
(Print Name)	(Signature)	(Title) (Date

RETURN THIS FORM TO:

STATE BOARD OF EQUALIZATION LOCAL REVENUE ALLOCATION UNIT 450 N STREET MIC 27 PO BOX 942879 SACRAMENTO CA 94279-0027 FAX to (916) 324-3001

For assistance in completing this form, contact Harmeen Grewal at 916 323-0808.