



MAILING LIST REQUISITION

Applicant Information			
Email Address: _____		Date: _____	
Applicant Name: _____			
<i>Last</i>		<i>First</i>	<i>M.I.</i>
Address: _____			
Phone: _____	Cell: _____	Home: _____	Fax: _____
Organization: _____			
<input type="checkbox"/> Copy Pick up	<input type="checkbox"/> Mail	<input type="checkbox"/> MS EXCEL	<input type="checkbox"/> DBASE III
<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> CSV	<input type="checkbox"/> TAB DELIMITED
Department: Assessor's Office			
<i>Requestors' Signature</i>			
Describe as specifically as possible what list is needed: 			
<i>Assessor's Signature</i>		<i>Date</i>	
OFFICE USE ONLY			
Invoice			
START TIME: _____		END TIME: _____	
TOTAL TIME : _____		AMOUNT DUE: _____	
<i>*Please note amount due upon receipt.*</i>			
<i>BILL TO:</i>		<i>Date Billed:</i>	
Confirmation of Payment Received			
<input type="checkbox"/> PAID- CHECK # _____ <input type="checkbox"/> PD- CASH \$ _____ AMOUNT PAID & DATE _____ AMOUNT PAID & DATE _____			