



REQUEST TO ESTABLISH A NEW FIXED CHARGE FUND NUMBER (68)

1. **New Fund Name:** _____
(32 characters only)
2. **Contact for Taxpayers:** (This will be available on tax bills and via our web-site)
Agency Name: _____
Agency contact person: _____
Agency Address: _____
Agency Phone Number: _____
Agency E-mail address: _____
3. **Fixed Charge Paid and Unpaid Reports** (available in electronic format only)
E-mail address where to send reports: _____
4. **Tax Warrants to be mailed to** (if receiving warrants):
Agency name: _____
Agency contact person: _____
Agency Address: _____
Agency Phone number: _____
5. **For General Accounting Department (GAD): This is required if #4 is completed, otherwise ignore.**
Do you want a separate warrant for this new fund?
YES ___ (You will get a new fund/vendor number)
NO ___ (You will share the same vendor number)
What is your current vendor number? _____ (If you don't know, please call our office)
6. **Do you want to set up Electronic Fund Transfer (EFT/ACH)?**
YES ___ (Please call our office for forms)
NO ___ (You will continued to received warrants in the mail)
7. **If your funds are being transfer via journal entries, please complete this, otherwise ignore.**
Fund Number: _____
Department ID (Dept ID): _____
8. **Check if applicable for new fund:** (This is for our information so we know if you are a teeter district or not).
a) Teeter District ___ b) Community Facility District ___ c) Assessment District ___
d) Nuisance Abatement District ___ e) Building Abatement District ___

Requested by (print your name)

Requested by (signature)

Date of request

Name of District requesting

Phone # of person requesting

E-mail address of person requesting