

**COUNTY OF SONOMA  
AUDITOR-CONTROLLER TREASURER-TAX COLLECTOR  
PARCEL LISTING REQUEST FORM**

Complete this form to receive the parcel listings used for submitting your direct charges on the tax roll

**TAX CODE**

**OR TRA** \_\_\_\_\_

**EMAIL TO:** [ACTTC-PropertyTax@sonoma-county.org](mailto:ACTTC-PropertyTax@sonoma-county.org)

|                      |                    |
|----------------------|--------------------|
| District/Agency Name | Business Telephone |
| Contact Name         | E-mail Address     |
| Mailing Address      | Zip Code           |

**ADDITIONAL PARCEL TYPES REQUESTED**

By default, reports will include all taxable parcels within district boundaries

- Include Non-Taxable Parcels
- Include Low Value (\$1 - \$3,000)
- Include Zero Value Parcels

**REPORT REQUESTED (Select One)**

- Mailing List With Situs  \$130.00
- Property Characteristics List  \$240.00 first 2,000 parcels \$.10 per additional parcel

**FORMAT REQUESTED** (If none selected, report will be provided in Comma Delimited)

- Excel
- Comma Delimited

**OUTPUT MEDIA REQUESTED**

- Email
- CD Rom

**NOTES:**

**REQUEST WILL NOT BE PROCESSED UNTIL AFTER JULY 1**

**Assessor Use Only**

Date Received \_\_\_\_\_

Report Cost \_\_\_\_\_

Deposit \_\_\_\_\_

Amount \_\_\_\_\_

Date Worked \_\_\_\_\_

Date Paid \_\_\_\_\_

Request # \_\_\_\_\_

Date Sent \_\_\_\_\_

I have reviewed this form and completed all necessary fields. I understand that I am responsible for ensuring that all necessary fields are completed clearly and according to instructions. I also understand that the Assessor cannot be held liable for the accuracy of the data reported as a result of this request. I agree to pay any outstanding amount due for the report(s) specified on this form upon request from the Assessor's office. I also agree not to reproduce the specified report(s) for purposes of resale.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**