

**REQUEST TO ESTABLISH A NEW FIXED CHARGE FUND (DISTRICT) NUMBER (68-xxxx)**

1. **New Fund (District) Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(District name must include CFD, or AD in front of name,*** 32 characters only***)***

1. **Contact for Auditor Controller Office:**

Agency Name/Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Agency Phone Number/Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Contact for Taxpayer:** *(this will be on tax bills and on our website)*

Agency Phone Number/Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Tax Warrants to be mailed to:** (if receiving warrants)**:**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Agency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **For the General Accounting Department: This is required if #4 above is completed, otherwise ignore.**

Do you want a separate warrant for this new Fund/District?

YES \_\_\_ (You will get a new vendor number) – Form AP7 new vendor/change vendor information:

NO \_\_\_\_ (You will share the same vendor number)

What is your current vendor number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If you don’t know, please call/email our office)

1. **Do you want to set up the Electronic Fund Transfer (EFT/ACH)?**

YES \_\_\_\_\_ (Please email our ACO Vendor Team at: [ACOvendorprocessing@Rivco.Org](mailto:ACOvendorprocessing@Rivco.Org) for instructions and forms). Also, you can cc: our office in order to know where it stands in the process: [Ptax\_RCFixedCharges@Rivco.Org](mailto:Ptax_RCFixedCharges@Rivco.Org)

NO \_\_\_\_\_ (You will receive warrants in the mail)

1. **If your funds are being transfer via GL Journal Entries, please complete this, otherwise ignore.**

GL Fund Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department ID (Dept ID):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **User Tax Portal Access:**

Person responsible to be given access to upload Fixed Charges to and to generate reports of enrolled Funds/parcels. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Check if applicable for new fund:** (This is for our information only, so we know if you are a teeter district or not)
   * 1. Teeter \_\_\_\_\_ b) Community Facility District \_\_\_\_\_ c) Assessment District \_\_\_\_\_ d) Nuisance Abatement District \_\_\_\_\_ e) Building Abatement District \_\_\_\_ f) Tax district \_\_\_\_\_\_\_ g) Fee District \_\_\_\_\_\_

\*Community Facility, Assessment, Nuisance Abatement, and Building Abatement Districts cannot select to be a teeter district.

1. **Is this 1915 Act assessment fund?**
   1. **Yes \_\_\_\_\_\_\_\_\_\_\_ b) No \_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Estimated closure date of the fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested by (print your name) Requested by (signature) Date of request

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Name of District requesting Phone # of person requesting Email address of person requesting

***Note: This request can only be signed by a District Representative. Updated 04/29/2022***