

SERVICE REQUEST - COLLECTOR INFORMATION

Township: _____

Tax Type: _____

Fiscal Year: _____

Bill Year: _____

Month: _____

Print one character per blank line. Please print clearly.

Sitting Information: (Prints 8 Lines of 35 Characters Each.)

Line-1: _____

Line-2: _____

Line-3: _____

Line-4: _____

Line-5: _____

Line-6: _____

Line-7: _____

Line-8: _____

Comments: (Prints 4 Lines of 45 Characters each.)

Line-1: _____

Line-2: _____

Line-3: _____

Line-4: _____

Collector Information: (Prints 5 Lines of 35 Characters Each.)

Line-1: _____

Line-2: _____

Line-3: _____

Line-4: _____

Line-5: _____