

Brevard County TagTalksm Change Request Form

Please complete all of the information below and fax the completed form to: 321-633-7137. You may also mail your request to: Brevard Tax Collector's Office, Attn: TagTalk Administrator, PO Box 2500, Titusville FL 32781-2500. **This is not an application for TagTalk.** This form may only be used to make change requests on existing TagTalk accounts. To see if you qualify for TagTalk and receive an application, please call 321-633-1897 and ask for *TagTalk Assistance*.

Please Type or Print

Name of Organization: _____

Phone: _____ Fax: _____

Email Address (optional): _____

Street: _____

City: _____ State: _____ Zip Code: _____

Change Request

Add User	Remove User	Change Password	Name	Fax Number
			_____	_____
			_____	_____
			_____	_____
			_____	_____
			_____	_____
			_____	_____
			_____	_____

Company Information Change (Please specify the change in the box below; address, phone number, etc.)

(Type or print additional details of your request in this section)

Signature Authorized Personnel Making Request: _____ Printed Name: _____

Title of Personnel Making Request: _____ Date of Request: _____