

# Brevard County TagTalk<sup>sm</sup> Change Request Form

Please complete all of the information below and fax the completed form to: **321-264-6919**. 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 321-264-6965 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: \_\_\_\_\_