

**CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE TREASURER & TAX COLLECTOR**

City Hall, Room 140
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102
www.sftreasurer.org



JOSÉ CISNEROS, TREASURER

REQUEST FOR INFORMATION (COMPLEX)
Please print legibly or type. Contact information is **required**.

Requestor's Name: _____

Address: _____
Street City State Zip Code

Daytime Phone: () _____ **Email Address:** _____

Date Requested: _____

DETAIL OF INFORMATION REQUESTED
(use back or additional paper as necessary)

Medium requested:	<input type="checkbox"/> Electronic	<input type="checkbox"/> 3-1/2" disk	<input type="checkbox"/> CD	<input type="checkbox"/> Hard Copy
Format requested:				
Delivery:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Hold for Pick-Up	<input type="checkbox"/> Other

FOR DEPARTMENT USE ONLY

Request Taken by: _____ Date: _____	Request Route to: _____ Date: _____	Request Completed by: _____ Date: _____
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I. COST ANALYSIS

Time spent: _____ Cost of diskettes @ \$1.00 each: _____

Rate of pay per hour: _____ Cost of CDs @ \$1.00 each: _____

Delivery costs: _____ Cost per page @ \$0.10 each: _____

II. FEES

Labor Cost for creating files = (rate of pay/hour x time spent creating files) \$ _____

DTIS Labor Cost: _____

Media Cost (number of diskettes/CDs x cost per diskette/CD): _____

Hard Copy Cost (number of pages x cost per page): _____

Delivery Cost: _____

TOTAL FEES CHARGED: \$ _____

**Upon completion of request, return form to Taxpayer Assistance by one of the following methods:
Email to Treasurer.TaxCollector@sfgov.org; FAX (415) 554-6207; in person at City Hall – Room 140**