ANNETTE RAMIREZ
Tax Assessor-Collector & Voter Registrar
www.hctax.net

PRINT

CLEAR

Convenience Package

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Contact Person: _____ **Runner Name:** _____

 # Titles: _____ **# Registrations:** _____ **Total All Checks: $**_____

Package Drop-off Location: _____

Transactions in Package

Applicant Name	VIN

(PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS)

For Office Use Only:

Completed by: _____ **Date:** _____

Pick-up Signature: _____ **Date:** _____