

El Dorado County, Auditor-Controller, Property Tax Division

360 Fair Lane, Placerville CA 95667 (530) 621-5470

ParcelQuest®

**Lien Date Secured Assessment Roll Plus Other Assessor Data
Group Order Form**

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The Auditor organizes an annual group order for this product. The group order results in significant savings and is coordinated by the Auditor's office since the group order must be placed at the same time by a single party. This group order is available only to public agencies and only contains information for El Dorado County. For further details, including pricing, see the applicable letter at <https://www.eldoradocounty.ca.gov/County-Government/County-Departments/Auditor-Controller/Property-Tax/Direct-Charges-Non-Value-Based-Items/Direct-Charge-Information-for-Districts>

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This form constitutes an invoice.

1. Review the information below.
2. Complete the appropriate fields.
3. Either: Digitally sign and Save the file (can change filename if desired, but don't change the file type).
or
Print the form, Sign and Date the paper copy.
4. Retain a copy for your records.
5. Submit the completed form to the Auditor-Controller, Property Tax Division by June 10. Submit via email/mail/fax/in-person if charging FENIX. Submit via mail/in-person if paying by check.
6. Separate instructions regarding delivery and download of the license will follow your order.

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Date: 4/3/24

District Name: Cameron Estates CSD

District Person Coordinating District Order: Joy Reggiardo

Phone Number for District Person Coordinating District Order: 530-677-5889

Maximum Price District Is Willing to Pay Per License
(see price schedule on ParcelQuest Group Order Notice): \$ 345.00

Number of Licenses to Order (as long as maximum price district is willing to pay per license isn't exceeded): 1

Method of Payment (choose one): ☐ Check Enclosed With Order Form
☒ Charge FENIX Org 8024000 Object/Project 4240

Authorized signature(s) [Signature]
if Paid via FENIX:
(per signature card currently on file with the Auditor) [Signature]

License Download Instruction/Password to be Emailed by Vendor to (one email per license):

License #	Email	Contact Name	Contact Phone
1	cecsd@att.net	Joy Reggiardo	530-677-5889
2			
3			
4			