County Vendor Reporting Form

County _____

Date _____

Name of Form Submitter _____

Email Address _____

Phone Number _____

Please identify the software vendor, system, and version number for each system type in the tables below.

Computer Aided Mass Appraisal (CAMA)

Vendor	
System	
Version	

Sales Disclosure

Vendor	
System	
Version	

Tax and Billing

Vendor	
System	
Version	

Personal Property

Vendor	
System	
Version	

Oil & Gas (Leave blank if not applicable)

Vendor	
System	
Version	

Please save a copy of this PDF as “CountyName-Phase III Vendors.PDF” and email the completed form to James Johnson at JJohnson@dlgf.in.gov by December 31, 2014.