

TACA LISTSERVE APPLICATION

PLEASE PRINT CLEARLY:

CHECK ONE:

- AUDITOR
- ASSISTANT AUDITOR

E-MAIL ADDRESS: _____

NAME (First and Last): _____

COUNTY: _____

TITLE: _____

TELEPHONE: _____

FAX: _____

ADDRESS: _____

I would like to apply for the Listserv. I have reviewed the guidelines for appropriate use available from the **Texas Association of Counties** and agree to abide by them. I understand that the information provided by TACA members on the Listserv is for general information only, and is not legal, accounting, or political advice that should be relied upon for any purpose. I also understand that my Listserv responses will be viewed by non-TACA members, and could be records subject to the Public Information Act, subpoena, or other legal process. I agree to indemnify and hold harmless TACA and its members for the consequences of information I post or receive in posts by others.

Signature

Date

County Auditor Signature/Approval

Date

If this application is to replace a current user, please list previous User: _____

DO NOT SEND YOUR APPLICATION TO Texas Association of Counties !

MAIL/EMAIL/FAX TO :

KRIS KLEIN, GUADALUPE CO AUDITOR
307 W. COURT, STE 205,
SEGUIN, TX 78155
EMAIL: kris@co.guadalupe.tx.us
FAX: 830-303-1541

DO NOT WRITE IN THIS SPACE:

APPROVAL: _____

DATE: _____