

State Controller's Office  
Division of Accounting and Reporting

**Cities Financial Transactions Report**  
Reporting Information Order Form

1. Indicate the Items Needed (check all applicable boxes)

- Reporting Forms (including the U.S. Bureau of the Census form)
- Reporting Instructions
- Other (specify): \_\_\_\_\_

2. Specify the Fiscal Year (or Fiscal Year End)

Fiscal Year: \_\_\_\_\_  
(e.g., 20XX-XX or September 30, 20XX)

3. Provide the Mailing/Contact Information

Entity Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

4. Submit the Order Form

Mail: State Controller's Office  
Division of Accounting and Reporting  
Local Govt Reporting Section (Cities Unit)  
P. O. Box 942850  
Sacramento, CA 94250

Fax: (916) 327-3162

E-mail: [LGRsupport@sco.ca.gov](mailto:LGRsupport@sco.ca.gov)

*For questions regarding this form, please contact us at:*  
[LGRsupport@sco.ca.gov](mailto:LGRsupport@sco.ca.gov) or (916) 322-9672