



MISSOURI DEPARTMENT OF

**REVENUE**

**County Collector and Assessor System Access Form**

**County Information**

County		Contact Name	
Address		City	
State	Zip Code	Telephone Number (_____) _____ - _____	Security Access Code
E-mail Address			

**Signature**

Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct.		
Signature of County Official	Title	Date (MM/DD/YYYY) ____ / ____ / ____

Form 5400 (Revised 06-2015)

**Mail to:** Motor Vehicle Bureau  
 Attention: Tammy Stayton  
 P.O. Box 703  
 Jefferson City, MO 65105-0703

**Phone:** (573) 751-8749  
**Fax:** (573) 751-3551  
**E-mail:** [mvbmail@dor.mo.gov](mailto:mvbmail@dor.mo.gov)

Visit <http://www.dor.mo.gov/motorv/>  
 for additional information.

