

(Note: Must be submitted on DA Agency/Authorized Agency letterhead.)

AGENCY INFORMATION SHEET

(Print Account Number and 16 Character Bill Description)

Please be advised that for Fiscal Year (FY) 2017-2018 **(Place initials next to the correct response(s))**:

- ____ 1. We will **not** submit Direct Assessment (DA) Input for the above referenced account **(check appropriate box)**:
 Current Year **(FY stated above)** Future Years **(No Longer Active)**
(STOP here, initial, go to the last line and provide authorized name, signature and date. DO NOT UPLOAD TO DAWEB. Send via e-mail to Veronica Ruiz at vr Ruiz@auditor.lacounty.gov).
- ____ 2. We will submit DA Input for the above referenced direct assessment account on or before **August 10th**.
- ____ 3. We have a written authority to levy assessments (i.e. resolution, ordinance, certified election results) until:
 Expiration Date _____ No Expiration Date **(Ongoing Resolution)**
- ____ 4. We have received, read and understood the 2017 DA Submission Procedure Manual.
- ____ 5. We have chosen **(check appropriate box) Option 1** or **Option 2** for the DA Processing Undergoing Parcel Changes **(see page 13 of DA Manual)**.

The following are the Agency contacts for taxpayer inquiries and processing questions regarding direct assessment charges for the above referenced account number:

Contact Name: _____ **Phone No. To Be Listed On Tax Bill:** _____

Has the above phone number changed since last fiscal year? Yes No

Contact's Address:

If applicable:

Consultant/Levying Agency: _____ **Phone No.:** _____

Consultant/Levying Agency E-mail Address: _____

The Auditor-Controller will forward all direct assessment correspondence to the attention of the Director of Finance/Manager/Authorized Consulting Agency. Signature indicates that all above information is correct.

Director of Finance/Manager/Authorized Consulting Agency: _____
(PRINT NAME)

Signature: _____ **Date:** _____