

CURRENT YEAR DIRECT ASSESSMENT CORRECTION FORM

Insert agency letterhead here

TO: COUNTY OF LOS ANGELES
AUDITOR-CONTROLLER, PROPERTY TAX SERVICES DIVISION
DIRECT ASSESSMENT PROCESSING
500 W. TEMPLE ST., ROOM 153
LOS ANGELES, CA 90012

CURRENT YEAR DIRECT ASSESSMENT CORRECTION FORM

AGENCY NAME: _____

ACCOUNT No.: _____

FISCAL YEAR **2017**

AUTHORIZATION No.: _____
(FOR AUDITOR USE ONLY)

#	PARCEL NUMBER	YR & SEQ #	CD	ORIGINAL AMOUNT	CORRECTED AMOUNT	CONFIRMATION DATE
1	0000-000-000	2017-000				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

PREPARED BY: _____
(PRINT NAME)

PHONE No.: _____

I hereby authorize the above Direct Assessment Roll Corrections.

AUTHORIZED SIGNATURE: _____

DATE : _____

AUTHORIZED NAME: _____
(PRINT NAME & TITLE)

PHONE No.: _____