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**COUNTY OF LOS ANGELES**

**AUDITOR-CONTROLLER, PROPERTY TAX SERVICES DIVISION**

**DIRECT ASSESSMENT**

**CURRENT YEAR CORRECTION FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGENCY NAME: | | |  | | | |  | | |
| ACCOUNT No.: | | |  | | | | FISCAL YEAR: | **2024-25** |  |
| AUTHORIZATION No.: | | |  | | | |  | | |
| (AUDITOR USE ONLY) | | |  | | |  |  |  | |
|  | **PARCEL NUMBER** | | | **YR & SEQ** | **CD** | **ORIGINAL AMOUNT** | **CORRECTED AMOUNT** | **CONFIRMATION DATE**  **(AUDITOR USE ONLY)** | |
| 1 |  | | |  |  |  |  |  | |
| 2 |  | | |  |  |  |  |  | |
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| 14 |  | | |  |  |  |  |  | |
| 15 |  | | |  |  |  |  |  | |
| PREPARED BY: | | | |  | | | PHONE No.: |  | |
|  | | | | **PRINT NAME** | | |  | | |
|  | **I hereby authorize the above Direct Assessment Roll Corrections.** | | | | | | |  | |
| AUTHORIZED SIGNATURE: | |  | | | | | DATE: |  | |
| AUTHORIZED NAME: | |  | | | | | PHONE No.: |  | |
|  |  | **PRINT NAME & TITLE** | | | | |  |  | |

Please fill out and submit the form immediately by e-mail to [**dainquiry@auditor.lacounty.gov**](mailto:dainquiry@auditor.lacounty.gov).