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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: | **2019** |  |
| AUTHORIZATION No.: |  |  |
| (AUDITOR USE ONLY) |  |  |  |  |
|  | **PARCEL NUMBER**  | **YR & SEQ** | **CD** | **ORIGINAL AMOUNT** | **CORRECTED AMOUNT** | **CONFIRMATION DATE****(AUDITOR USE ONLY)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 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 **Evelyn Ramirez** at **eramirez@auditor.lacounty.gov**.