

**COUNTY OF LOS ANGELES
AUDITOR-CONTROLLER, PROPERTY TAX SERVICES DIVISION
DIRECT ASSESSMENT
PRIOR YEAR CORRECTION FORM**

AGENCY NAME: _____

ACCOUNT No.: _____ FISCAL YEAR _____

AUTHORIZATION No.: _____
(AUDITOR USE ONLY)

	PARCEL NUMBER	YR & SEQ	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 dainquiry@auditor.lacounty.gov.