(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) 2015-2016 **(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☐ Current Year **(FY stated above)** ☐ Future Years **(No Longer Active)**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 Aquilla Ivery-Simmons at aivery@auditor.lacounty.gov).

_____ 2. We will submit DA Input for the above referenced direct assessment account on or before **August 6th**.

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 2015 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:** _____