

(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) 2016-2017 (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- Current Year (FY stated above)                       Future Years (No Longer Active)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](mailto:aivery@auditor.lacounty.gov)).**

\_\_\_\_ 2. We will submit DA Input for the above referenced direct assessment account on or before **August 10<sup>th</sup>**.

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 2016 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: \_\_\_\_\_