

(Note: Must be submitted on agency letterhead.)

AGENCY INFORMATION SHEET

Subfund# _____ District # _____ Zone # _____ Description _____
(22 Character Bill Description)

DIRECT ASSESSMENT SUBMISSION REQUIREMENTS

Please be advised that for Fiscal Year **2023-24** we are providing the following:

District Name _____

Agreement for Billing Direct Assessments (Not applicable for County Supervised Districts)

- Signed annual agreement attached Signed annual agreement sent separately

If you require a signed copy of the Billing Agreement, please include a second signed original and a Self-Addressed Stamped Envelope.

State Code authorizing levy of assessment _____

State Code authorizing placement of assessment on County roll _____

Ordinance/Resolution # _____ (ongoing or expiration date _____)

- attached submitted separately ongoing document on file

If you are not required to pass an annual Ordinance/Resolution, and you submitted certified copies of the governing Ordinance/Resolution last year, please indicate the ongoing document number and date and do not send a new certified copy of that same document.

Certified election results, Other Supporting documents (if applicable) attached submitted separately

Engineer's Report or Contracts (if applicable) attached/emailed on _____ (*only* Engineer's Report or Contracts may be emailed)

Yes No

Is this a Mello Roos District?

Was this district established with 2/3 vote?

Is the Levy subject to Prop 218?

Is this a School Parcel Tax?

Total Parcel Count _____

Total Expected Levy Assessments \$ _____

The following are the Agency contacts for taxpayer inquiries and processing questions for the above referenced account number:

Contact Name: _____

Phone No. To Be Listed On Tax Bill: _____

Mailing Address: _____

Email Address: _____

If you do not use a consulting firm, please skip this section.

Consulting Firm: _____ Phone No.: _____

Consultant Contact Name(s): _____

Consultant E-mail Address(s): _____

Who shall we contact about the data submitted for the levy?

Data Contact Name: _____
(PRINT NAME)

Phone No.: _____

E-mail Address: _____

I have received, read and understood the **Direct Assessment Submission Procedure Letter** and related enclosures and verified the above information is correct.

Authorized District Signor Name: _____
(PRINT NAME)

Authorized Signor Signature: _____ Date: _____

Authorized Signor Title: _____

Phone No.: _____

E-mail Address: _____