

AUDITOR-CONTROLLER TAX ROLL CORRECTION



DATE OF REQUEST: _____

TAX CODE # : _____

AGENCY: _____

CONTACT: _____

PHONE: _____

FAX: _____

EXPLANATION:

ADD CHARGE: _____

CANCEL CHARGE: _____

CANCEL PENALTY: _____

OTHER: _____

ASSESSMENT# :	TAX YEAR:	AMOUNT:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SYSTEM NOTES (40 characters): _____

Other notes: _____

AUTHORIZING AGENCY: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

***RETURN BY FAX or EMAIL TO:

AUDITOR-CONTROLLER/COUNTY CLERK
255 NORTH FORBES STREET, LAKEPORT CA 95453
Email: peter.bazzano@lakecountyca.gov
PHONE: (707) 263-2313
FAX: (707) 263-2310

Please allow 30 days for roll change processing.

Auditor Use Only

R/C COMPLETED BY: _____ DATE: _____

AUDITOR ROLL CHANGE # : _____ FEE \$: _____