



County of Santa Clara Controller-Treasurer Department
Special Assessments
Form C: Annual Enrollment Form

Enrollment for Secured Property Tax Bill for
Special Assessment (SA) Number

FY 2024-25

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District Information				
Taxing Entity Name				
SA Name on Tax Bill				
Measure & Election Year				
Resolution/ Ordinance				
Statutory / Legal Authority				
Agency Type		Classification		
Effective Period		Judiciary Foreclosable	Proration	
Description of SA				
Public Contact Information				
Name		Phone Number		
Email				

Please contact us regarding any changes to the information above: SA_Mail@fin.sccgov.org

Annual Enrollment Details				
Parcel Count	Residential	Commercial	Other	Parcel Count Total
				0
Total Annual Assessment Dollar Amount				

AGENCY AGREEMENT:

This is to certify the agency's special assessment amount to be applied on each parcel of real property is correct and valid. I have read and understand the Fiscal Year 2024-25 special assessment instruction letter explaining the terms and conditions, requirements, and the County costs for the agency's special assessment enrollment on the County Annual Secured tax roll, and agree to those terms and conditions therein for all special assessments submitted.

Authorized Signature _____ Date _____

Printed Name _____

Agency _____

Title _____ Phone No. _____

Email _____