



**COUNTY OF SANTA CLARA
 CONTROLLER-TREASURER DEPARTMENT
 REQUEST for CORRECTION/REMOVAL of SPECIAL ASSESSMENT
 from the PROPERTY TAX BILL**

SPECIAL ASSESSMENT NUMBER [SA#]: _____

TO BE COMPLETED BY DISTRICT				
TAX YEAR	APN	ORIGINAL TAX AMOUNT	REVISED TAX AMOUNT	ADJUSTMENT
TOTAL				

AGENCY AGREEMENT:

This is to certify the agency's special assessments in a dollar amount to be removed or corrected on each parcel of real property is correct and valid. I have read and understand the special assessment instruction letter explaining the terms and conditions, requirements, and the County cost of \$75 for each correction of special assessment amount.

AGENCY NAME: _____

Authorized Signature _____

Name _____

Title _____

Date _____

Phone _____ Ext: _____

Email _____

Direct Contact Name _____

Mailing Address _____

Phone _____ Ext: _____

Email _____

For Controller-Treasurer Department Use				
	Received	DEPOSIT Number	PROCESS - TRC #	Completion Date
REQUEST				
PAYMENT				
Email Notification	Date: _____		Deposit	