

AUDITOR-CONTROLLER TREASURER-TAX COLLECTOR

APPROVAL OF DIRECT CHARGE LEVY

Fiscal Year _____

Return By: **September 1**

DISTRICT: _____

TAX CODE(S): _____

Auditor's Office Contact (Person in your office for Auditor to Contact)
Name _____
Email _____
Phone # _____

Tax Payer Contact (Phone number will appear on tax bill)
Name _____
Email _____
Phone # _____

I, the undersigned authorized individual, hereby: attest that the direct charge levies have been verified for accuracy and are approved by the district; agree to the cost recovery for direct charges enrolled; agree that the charges conform to the constitutional, statutory and procedural terms for collection on the tax roll.

I understand that tax bills will not be generated for charges imposed on parcels that are immune or otherwise exempt from real property taxation when the total amount of the tax bill is \$20 or less. Charges on all parcels that are immune or otherwise exempt from real property taxation that are unpaid at the end of the fiscal year will be removed from the tax roll and referred to our district for further collection efforts.

I understand it is the district's responsibility to maintain exemptions and all such exemptions have been excluded from submission.

I am also aware that districts are responsible for any refunds resulting from Direct Charge corrections.

I certify the following levy information is correct and will be used to calculate the annual direct charge fee:

	<u>Parcel Count</u>	<u>Levy Amount</u>
Taxable Parcels	_____	_____
Non-Taxable Parcels	_____	_____
Public Utility Parcels	_____	_____
Levy Total	_____	_____

Authorized Signature

Date