COUNTY OF SONOMA
AUDITOR-CONTROLLER TREASURER-TAX COLLECTOR
REQUEST TO CORRECT DIRECT CHARGE

Date: _____ Tax Code: _____

City/District: _____ Roll Year: _____

Please use this form to request correction of a charge that has been billed. New charges cannot be added after tax bills have been created as the statutory deadline has passed. Corrections will be held for processing if received within 35 days of installment due dates to avoid payment issues for Tax Collection. Agencies are responsible for issuing refunds on reductions if tax bill is paid.

Assessment #	Owner Name	Original Charge	Corrected Charge	Net Change	Auditor Use

Thank you,

Total Change: _____

_____
Authorized Signature