**SAMPLE AUTHORIZED SIGNATURE FORM**

CITY OR DISTRICT LETTERHEAD

TO: County of Riverside

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISTRICT NAME and DISTRICT NUMBER

SUBJECT: Signature of Personnel Authorized to Request Corrections to Fixed

Charges on the Tax Roll

For Fiscal Year 2023-2024 and thereafter, the following personnel is authorized to request

corrections to fixed charges on the tax roll. It is understood that the County of Riverside will

not make a correction if requested by any other personnel.

# NAME AND TITLE (PLEASE PRINT) SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# I (We) understand that charges will apply at the rate of $91.74 for correction, per batch, plus $0.11 each assessment and $6.62 each assessment for the Tax Collector’s Fee. Charges will be deducted from the Current Secured Apportionment. Pre-payment will not be accepted.

APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY OR DISTRICT MANAGER (PRINT AND SIGN)

City Clerk