

DATE: _____

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
CREDIT/DEBIT MEMO

BILL TO (RESPONSIBLE PARTY)

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

CHARGES FOR (IF DIFFERENT - EX: MINOR)

NAME: _____
LAST FIRST MIDDLE

TELEPHONE NO.: _____
TTC ACCT. NO.: _____

DATE	DESCRIPTION	CREDIT/DEBIT AMOUNT
TOTAL		

ACCOUNT TYPE/LOCATION: _____

CLIENT REFERENCE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

DOCUMENTATION ATTACHED: _____

SPECIAL INSTRUCTIONS: _____

NATURE OF ADJUSTMENT (check appropriate box)

☐ 1) **DIRECT PAYMENT RECEIVED BY DEPARTMENT**

☐ 2) ADJUSTMENT TO AMOUNT OWED--
Specify Reason(s) _____

I CERTIFY ON MY OWN PERSONAL KNOWLEDGE, THAT THE ABOVE IS A
PROPER CHARGE AND THAT THE ITEMS AND THE TOTAL AMOUNT
THEREOF ARE CORRECT.

APPROVED BY:

SIGNATURE

SIGNATURE

PRINT NAME

PHONE

DEPARTMENT

DIVISION

WHEN COMPLETED MAIL:
COPIES OF CREDIT/DEBIT MEMO AND TRANSMITTAL TO ADDRESS ON TRANSMITTAL

FOR TTC USE ONLY:

STATEMENT CYCLE: _____

ACCOUNT TYPE: _____

COLL. CODE: _____

CHARGE I.D.: _____

MONTHLY TERMS: _____

EFFECTIVE DATE: _____

NEXT BILLING: _____

DUE DATE: _____