



TRAUMA, EMERGENCY, BIOTERRORISM RESPONSE ASSESSMENT

ASSESSMENT ADJUSTMENT REQUEST

Use this form to report discrepancies between square footage according to the Assessor's Office database or website (<https://maps.assessor.lacounty.gov/m/>), and square footage according to the property owner.

Please print clearly all the following required information and attach a diagram reflecting all structural dimensions, excluding parking garages. (Note: Failure to provide the required information will delay processing of your request.)

Assessor's ID. No.: _____ - _____ - _____

Owner(s) Name(s): _____

Property Address: _____
Street Address City Zip Code

Mailing Address: _____
Street Address City Zip Code

Daytime Telephone: _____ - _____ - _____
Area Code

FISCAL YEAR (S)		
ADJUSTMENT REQUESTED:	FROM:	TO:
SQUARE FOOTAGE		

Reason for change:

I certify (or declare) that the foregoing and all information hereon is true, correct and complete to the best of my knowledge and belief. This declaration is binding on each and every co-owner. The Assessor's Office may make a physical inspection of the property to verify this request for data change.

Signature of Property Owner: _____

Date

Mail Completed form to:

County of Los Angeles
Department of Health Services
Trauma Property Assessment
1000 S. Fremont Ave.
Building A11, 2nd Floor, Suite 11200N
Alhambra, CA 91803

For information, please call:

(866) 5-TRAUMA or
(866) 587 - 2862