



COUNTY OF SANTA CLARA CONTROLLER-TREASURER DEPARTMENT NEW SPECIAL ASSESSMENT REQUEST FORM

TO BE COMPLETED BY DISTRICT							COUNTY USE ONLY	
SA Name on Tax Bill (Max 24 characters)	Classification [1]	Agency Type	Effective Date	Statutory / Legal Authority [2]	Judiciary Foreclosable [3]	Proration [4]	SA Number [TCAS]	FD Number [SAP]
Description of the Special Assessment District (Max 600 characters):							<input type="checkbox"/> Documentation Attached	
							PACE Additional Documents: <input type="checkbox"/> Indemnification & Ins Agreement <input type="checkbox"/> Recorded contract for each property, list of cities/ districts	
If the Agency's Fund is NOT part of County Treasury, provide the assigned vendor code, or email(s) of Agency Contact(s) to submit additional required documents:				Exemptions: <input type="checkbox"/> N/A (skip this section)				
				<input type="checkbox"/> Contiguous Parcel <input type="checkbox"/> Government Owned <input type="checkbox"/> Senior <input type="checkbox"/> SSDI <input type="checkbox"/> SSI Enrollment Period: _____ Renewal Frequency _____ Website: _____ Contact Name: _____ Phone No: _____ Email: _____				

[1] CLASS: BOND (subject to accelerated judiciary foreclosable) or BENEFIT (i.e. Landscaping, Delinquent Utilities, Parcel tax)
 [2] STATUTORY AUTHORITY under which the district is formed. Example: Mello-Roos, 1915 Bond Act, etc.
 [3] JUDICIARY FORCLOSABLE - Resolution stipulating that the district will pursue the removal of the delinquent assessment amount from the delinquent tax bill in accordance to the district assessment's bond covenants
 [4] PRORATION No = 100% Secured, Yes = Prorate between current owner [Secured] and Prior Owner [Unsecured]

Agency Contact

Agency Name	
Mailing Address 1	
Mailing Address 2	
Name (Primary)	
Title	
Phone Number	
Email	
Name (Secondary)	
Title	
Phone Number	
Email	

Public Contact

Name	
Phone Number	
Email	

Consultant Contact

Name	
Agency	
Title	
Mailing Address 1	
Mailing Address 2	
Phone Number	
Email	

Authorized Signature _____
 Printed Name _____
 Agency _____
 Title _____
 Email _____
 Phone No _____
 Date _____

COUNTY USE ONLY	Received: _____	Reviewed By: _____	Completion: _____	TCAS Date: _____	Email Notification
------------------------	-----------------	--------------------	-------------------	------------------	--------------------