El Dorado County, Auditor-Controller, Property Tax Division 360 Fair Lane, Placerville CA 95667 (530) 621-5470, ext. 4 Direct Charge Information As Of May 17, 2024 Form Direct Charge Tax Code: 94001 Tax Code <2018/19: 20353 Description on the Tax Bill: Weed/Rubbish Abatement: El Dorado Hills Fire Property Tax Division Staff Assignment/Email/Phone#: Joy Shaw joy.shaw@edcgov.us (530) 621-5473 Teeter Plan (R&T§4701 et seq.) (Y or N): Ν District Name: El Dorado Hills Joint County Water/Fire District **Hazardous Weeds & Rubbish Abatement** Type & Description: L Category: **Abatements** 1 D Α Т Phone# on Tax Bill: (916) 933-6623 Ε & District Contact: Jessica Braddock Ν 0 District Address: 1050 Wilson Blvd, El Dorado Hills, CA 95762 Т Α Т District Email Address: jbraddock@edhfire.com Ε C

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F Y I	Direct Charge Tax Code: Description on the Tax Bil Property Tax Division Staf Teeter Plan (R&T§4701 et	ff Assignment/Email/Phone#:		batement: Cameron y.shaw@edcgov.us	Park CSD (530) 621-5473	Tax Code <2018/19: 20352	
V A L I D A T E	District Name:	Cameron Park CSD					
	Type & Description:	Hazardous Weeds & Ru	ıbbish Abatemer	nt			
	Category:	Abatements					
	Phone# on Tax Bill:	(530) 677-2231					
&	District Contact:	Alan Gardner/Christina	Greek				
N O T A T E	District Address:	2502 Country Club Driv	e, Cameron Park	c, CA 95682			
	District Email Address:	jritzman@CameronPar	k.org/cgreek@C	ameronPark.org			
C H A N G E S O N T H	District Business Hours	Phone#: (530) 677-2	231				
	Alternate Phone # (if a	pplicable): 					
	District Website (if app	licable): http://www	v/cameronpark.	org/			
	Consultant Name (if ap	oplicable):					
E	Consultant Address:						
L	Consultant City/State/2	Zip: 					
B E	Consultant Phone:						
L O W	Consultant Email Addre	ess: 					
T H	FENIX Org Code:	8001001					
E	FENIX Revenue Object:	1775					
T E M	FENIX Project String (if applicable):						
	Current Year Levy State	us: Active					
C O M P	 Make the change(s) shown on the line below each area to be changed. The information above is accurate and no changes are needed. 						
L E T	Print Name of Authorized	d Person Certifying this Form		Title of Au	thorized Person Certifying th	is Form	-
E	Signature of Authorized	Person Certifying this Form		Date Form	Certified		-