

COMPLIANCE VERIFICATION FORM

_____ County

Date: _____

County Assessor: _____

Appraisal Manager: _____

Responsible Party: _____

Appraisal Firm (if applicable): _____

PLAN FOR CORRECTIVE ACTION

Out of Compliance Categories: _____

Corrective Action Required: _____

Deadline: _____

Required Progress by Month:

Note: The responsible party must agree to the terms listed herein and must sign, date, and return this document to the ACD within 30 calendar days and take corrective action as required or funding will be subject to termination, pending results of a hearing if one is requested.

CERTIFICATION:

I CERTIFY THAT I WILL COMPLETE ANY REQUIRED CORRECTIVE ACTION IN ACCORDANCE WITH THE TERMS LISTED HEREIN.

Responsible Party _____ Date _____

APPROVAL:

ACD Director _____ Date _____