

FILED IN THE OFFICE OF THE CITY CLERK, CITY OF LONG BEACH, CALIFORNIA, THIS _____ DAY OF _____, 2019.

CITY CLERK _____

RECORDED IN THE OFFICE OF THE DIRECTOR OF HEALTH & HUMAN SERVICES, CITY OF LONG BEACH, CALIFORNIA, THIS _____ DAY OF _____, 2019.

DIRECTOR OF HEALTH & HUMAN SERVICES _____

AN ASSESSMENT WAS CONFIRMED AND LEVIED BY THE CITY COUNCIL, CITY OF LONG BEACH, ON THE LOTS, PIECES AND PARCELS OF LAND ON THIS ASSESSMENT DIAGRAM ON THE _____ DAY OF _____, 2019 FOR THE FISCAL YEAR, 2019-20 AND SAID ASSESSMENT DIAGRAM AND THE ASSESSMENT ROLL FOR SAID FISCAL YEAR WERE FILED IN THE OFFICE OF THE COUNTY AUDITOR OF LOS ANGELES COUNTY, CALIFORNIA, ON THE _____ DAY OF _____, 2019. REFERENCE IS HEREBY MADE TO SAID RECORDED ASSESSMENT ROLL FOR THE EXACT AMOUNT OF EACH ASSESSMENT LEVIED AGAINST EACH PARCEL OF LAND.

CITY CLERK _____

FILED THIS _____ DAY OF _____, 2019, AT THE HOUR OF _____ O'CLOCK _____ M. IN THE OFFICE OF THE COUNTY AUDITOR OF THE LOS ANGELES COUNTY, STATE OF CALIFORNIA, AT THE REQUEST OF THE CITY OF LONG BEACH CITY COUNCIL.

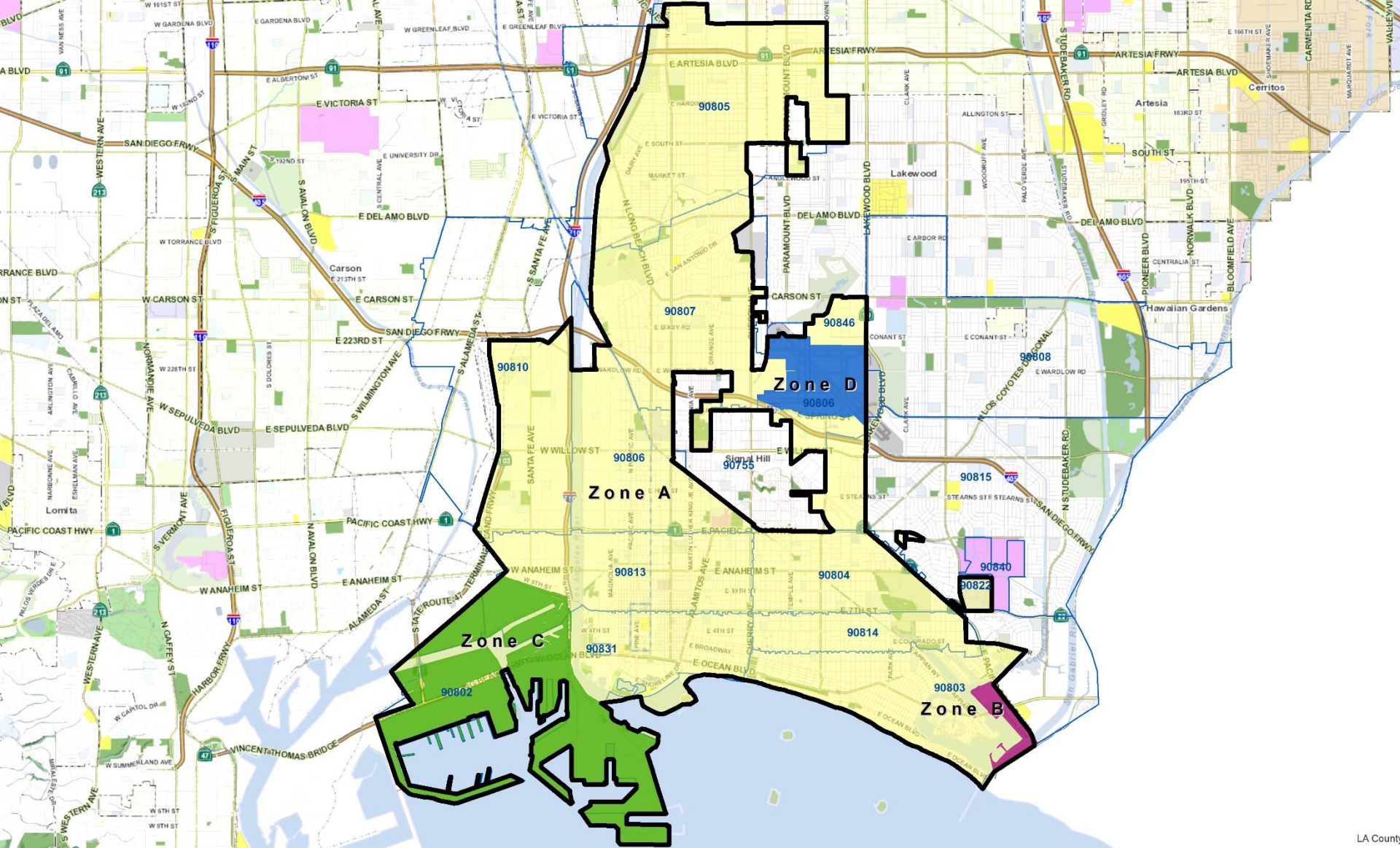
COUNTY AUDITOR, LOS ANGELES COUNTY _____

City of Long Beach
Department of Health and Human Services
Bureau of Environmental Health Vector Control Program
Mosquito, Vector and Disease Control Assessment District Diagram

SCI Consulting Group
707-430-4300



Long Beach Vector Control Program Service Area



Proposed Zones of Benefit for the Vector Control Service Area

