



**State of California  
Office of Tax Appeals**

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**Transcript Correction/Update Request Form**

Date: \_\_\_\_\_

From: \_\_\_\_\_

RE: OTA Account Number: \_\_\_\_\_

OTA Account Name: \_\_\_\_\_

Please correct/update the following matters for the transcript(s):

ERRATA SHEET	
Page No. _____ Line No. _____	
Change: _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Page No. _____ Line No. _____	
Change: _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Page No. _____ Line No. _____	
Change: _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Page No. _____ Line No. _____	
Change: _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Page No. _____ Line No. _____	
Change: _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected

Signature of person requesting correction/update: \_\_\_\_\_

Date: \_\_\_\_\_

Correction/Update has been made to the transcript(s) by: \_\_\_\_\_

Date: \_\_\_\_\_

*For any additional correction/updates, please attach a sheet following the same format.*