

**ANNUAL REPORT OF
SPECIAL TAX DISTRICT**

District Name:

**Report
Due Date
JULY 31**

RETURN TO TOWN/CITY CLERK

Address:	Type of District:: City <input type="checkbox"/>	Service <input type="checkbox"/>
Town or City:	Special Taxing: <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Zip		

1. District Officials - Names and Business Addresses:

Presiding Officer (<i>specify name & Title</i>):	Business Address (<i>include zip + 4</i>):	Telephone: ()
Vice President:		()
Secretary:		()
District Clerk:		()
Treasurer:		()
Tax Collector		()
Board of Directors/Commissioners/other:		()
		()
		()
		()
		()
		()

2. Date of District Annual Meeting: _____

3. Does the District have (*please check, if yes*):
 Articles of Incorporation By Laws
 Constitution or Charter Special Act
 Ordinance(s)

4. Annual Budget: \$ _____ **5. Adopted mill rate:** _____

6. Tax Levy: \$ _____

7. Does the District (*please check, if yes*): Levy Taxes Levy Special Assessments

8. Date Created: _____

Completed by (<i>please print legibly</i>)	Title:	Date:
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