

2025/26 DIRECT CHARGE TRANSMITTAL

District Name _____

District Address _____

Direct Charge Name _____

Tax Code # Resolution No. _____

Parcel Count _____ Total Amount _____

Authorized Signature _____ Date _____

Contact Person _____

Contact Email Address _____

Contact Telephone No. (____) _____ Contact Fax No. (____) _____

Telephone Number to Appear on TaxBill (____) _____

<div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 5px;">For Auditor's Use Only</div> <p style="text-align: center; margin-top: 10px;"><u>Uploaded File</u></p> <p>Uploaded By: _____</p> <p>Notified Taxing Entity Date: ____/____/____</p> <p style="text-align: center; margin-top: 20px;">Parcel Count _____ Total Amount \$ _____</p>

THIS SECTION TO BE COMPLETED AFTER SUCCESSFUL UPLOAD AND REVIEW OF TAX CODE DETAIL REPORT PROVIDED BY AUDITOR'S OFFICE

2025/26 CERTIFICATION OF DIRECT CHARGE LEVY

The Parcel Count & Total Amount noted above are accurate and complete for the 2025 Tax Year.

Authorized Name

Authorized Signature

Date