

(Note: Must be submitted on agency letterhead.)

DISTRICT NON-ASSESSMENT NOTICE

Subfund# _____ District# _____ Zone# _____ Description _____
(22 Character Bill Description)

Please be advised that for Fiscal Year **2025-26**, we will **not** submit a Direct Assessment Levy for the above referenced account number.

Please select one reason:

- A. ☐ A Direct Assessment **may be levied in the future** for the above referenced account but is not necessary this year.
- B. ☐ A Direct Assessment **will not be levied in the future** for the above referenced account.

Authorized Name: _____ Phone No.: _____
(PRINT NAME)

Authorized Signature: _____ Date: _____

Authorized Title: _____

Authorized E-mail Address: _____

Authorized Postal Address: _____