

(Note: Must be submitted on agency letterhead.)

### DISTRICT NON-ASSESSMENT NOTICE

Subfund# \_\_\_\_\_ District# \_\_\_\_\_ Zone# \_\_\_\_\_ Description \_\_\_\_\_  
(26 Character Bill Description)

Please be advised that for Fiscal Year **2026-27**, 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: \_\_\_\_\_