

(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: _____