Annual Taxpayer Transparency Improvement District Report

IMP DIST #12

1. Name of recorded district _____ Formation Statute _____

2. Purpose of the district _____

3. Contracts-Obligations (Contractor's business name & phone number)

_____

_____

4. Current Indebtedness & Bond Indebtedness (per most recent records)

Name of Payee	Amount Owed	Payoff/Maturity Date
_____	$_____	_____
_____	$_____	_____

5. Outstanding # of Delinquent Assessments/Responsible Delinquent Collector

# of Parcels _____ $ Total _____ Delinquent Collector _____

6. District Commissioners

Name	Phone #	Name	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Annual Meeting _____ _____ _____
Date Time Location

8. District Assessor(Administrator) Name_____ Address_____ Phone_____

9. Payee for Distribution from County Treasurer

Name_____ Address _____ Phone_____

10. Delinquent Penalty (%) and Cost ($) charged to property owner: %_____ $_____

11. Method used to Calculate Assessments (Flat Fee; Per Acre; Per Structure, etc.) _____

12. Statement of Income and Expenditure Activity: (Attachments Balance Sheet/Bank Statements)

_____

Completed By: _____
Print Name

_____ Date_____
Signature

215 N. Main St., Benton, AR 72015 JOY BALLARD, COLLECTOR 501-303-1590

NOT RECEIVED