

DISTRICT IMPACT STATEMENT

For Boundary Change

FOR THE _____ DISTRICT

Pursuant to the provisions of A.R.S. §48-262, the undersigned submit the following and enclosed as a Boundary Change Impact Statement for the _____ District.

1. DESCRIPTION OF BOUNDARIES:

Attached to this statement as Exhibit A is a description of the boundaries for the property to be included in the _____ District.

Also attached to this statement as Exhibit B is a detailed accurate map of the area to be included in the _____ District.

2. ESTIMATED ASSESSED VALUATION IN THE BOUNDARY CHANGE AREA:

The estimated _____ (year) assessed valuation for the area within the boundaries of the proposed change is \$_____.

3. ESTIMATED CHANGE IN TAX RATE IF THE BOUNDARY CHANGE IS APPROVED:

The estimated change in the tax rate of the district if the boundary change is approved is \$_____.

4. PROPERTY TAX LIABILITY:

As a result of the proposed boundary change, the change in the property tax liability of a typical resident is as follows:

Example:

A typical residence in the area of the proposed change with a total secondary value of \$_____ currently has a tax liability of \$_____ and after the boundary change would have a tax liability of \$_____ for the first year, based on the district's tax rate of \$_____.

5. BENEFITS TO BE DERIVED FROM THE BOUNDARY CHANGE:

As conceived, the boundary change would provide the following benefits to the residents of the boundary change area:

6. INJURIES RESULTING FROM THE PROPOSED BOUNDARY CHANGE:

As a result of the proposed boundary change, some of the injuries that will result are as follows:

Dated this _____ day of _____, _____.

(Person Requesting Boundary Change)

EXHIBIT B

MAP OF BOUNDARY CHANGE

District