

DISTRICT IMPACT STATEMENT

FOR FORMATION OF THE

_____ DISTRICT

Pursuant to the provisions of A.R.S. §48-261, the undersigned submit the following and enclosed as an Impact Statement for the formation of 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 _____ DISTRICT:

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

3. ESTIMATED CHANGE IN TAX RATE IF THE DISTRICT IS FORMED:

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

4. PROPERTY TAX LIABILITY:

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

Example:

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

5. BENEFITS TO BE DERIVED FROM THE PROPOSED DISTRICT:

As conceived, the proposed district would provide the following benefits to the residents of the district:

6. INJURIES RESULTING FROM THE PROPOSED DISTRICT:

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

7. NAMES, ADDRESSES AND OCCUPATIONS OF PROPOSED MEMBERS OF THE PROPOSED DISTRICT'S ORGANIZING BOARD OF DIRECTORS:

Name	Address	Occupation
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

8. DESCRIPTION OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE DISTRICT DURING ITS FIRST FIVE YEARS OF OPERATION. AT A MINIMUM THIS DESCRIPTION SHALL INCLUDE AN ESTIMATE OF ANTICIPATED CAPITAL EXPENDITURES, PERSONNEL GROWTH AND ENHANCEMENTS TO SERVICE.

YEAR ONE:

Anticipated Capital Expenditures: _____

Personnel Growth: _____

Enhancements to Service: _____

Additional Information (Optional): _____

YEAR TWO:

Anticipated Capital Expenditures: _____

Personnel Growth: _____

Enhancements to Service: _____

Additional Information (Optional): _____

YEAR THREE:

Anticipated Capital Expenditures: _____

Personnel Growth: _____

Enhancements to Service: _____

Additional Information (Optional): _____

YEAR FOUR:

Anticipated Capital Expenditures: _____

Personnel Growth: _____

Enhancements to Service: _____

Additional Information (Optional): _____

YEAR FIVE:

Anticipated Capital Expenditures: _____

Personnel Growth: _____

Enhancements to Service: _____

Additional Information (Optional): _____

Dated this _____ day of _____, _____.

(Organizing Board Member)

(Organizing Board Member)

(Organizing Board Member)

EXHIBIT B

MAP OF PROPOSED DISTRICT