

APPENDIX C
FORM OF BILL

APPENDIX C

FORM OF BILL

City of Coral Gables
[ADDRESS]

Owner Name
Address
City, State Zip

Tax Parcel #: _____
Legal Description: _____
Sequence #: _____

THIS IS A BILL

The City of Coral Gables has imposed an annual assessment for fire protection services for the fiscal year October 1, 2009 - September 30, 2010 (FY09-10). The purpose of this assessment is to fund fire protection services, facilities, and programs benefiting property located within the incorporated area of the City. The annual fire protection assessment on your property is based on the classification of each parcel of property and number of billing units contained therein.

The above parcel is classified as _____.

The total number and type of billing units on the above parcel is _____.

The annual Fire Protection Assessment for the above parcel is \$_____ for FY09-10 and future fiscal years.

The total amount due is \$_____.

The FY09-10 fire protection assessment is due and payable on or March 31, 2010. Payments are subject to the following discounts when paid by the date indicated (please pay only one amount):

		<u>Amount</u>
November 30, 2009:	4%	\$
December 31, 2009:	3%	\$
January 31, 2010:	2%	\$
February 28, 2010:	1%	\$

Payments received after March 31, 2010 will be considered delinquent. Failure to pay the assessment may cause the assessment to be placed on your November 2010 property tax bill, or may cause the institution of foreclosure and/or mandamus proceedings or a tax sale certificate to be issued against the property, either of which may result in a loss of title.

Please remit the below portion with your payment. Payment in person may be made at the City of Coral Gables, [ADDRESS], Coral Gables, Florida [ZIP CODE].

Remit to: City of Coral Gables
[MAILING ADDRESS]

Tax Parcel ID#: _____
Sequence #: _____

Payment Amount: _____

Payment in person may be made at the _____, Florida .

Copies of the Fire Protection Assessment Ordinance, the appropriate resolutions and the assessment roll are available for inspection at the _____, located at _____, Coral Gables, Florida.

If there is a mistake on this bill, it will be corrected. If you have any questions, please contact the City's _____ Department at _____.