

Certification of Taxable Value

SECTION I

Year: 2007
 County: Broward
 Principal Authority: West Park

| |
|------------------|
| FOR DOR USE ONLY |
| City: _____ |
| TA: _____ |
| Levy: _____ |

DR-420
R. 06/07

Taxing Authority: West Park

- | | | | |
|--|----|--------------------|-----|
| (1) Current Year Taxable Value of Real Property for Operating Purposes | \$ | <u>633,459,600</u> | (1) |
| (2) Current Year Taxable Value of Personal Property for Operating Purposes | \$ | <u>19,286,249</u> | (2) |
| (3) Current Year Taxable Value of Centrally Assessed Property for Operating Purposes | \$ | <u>0</u> | (3) |
| (4) Current Year Gross Taxable Value for Operating Purposes (1) + (2) + (3) = (4) | \$ | <u>652,745,849</u> | (4) |
| (5) Current Year Net New Taxable Value (New Construction + Additions + Rehabilitative Improvements Increasing Assessed Value By At Least 100% + Annexations + Total Tangible Personal Property Taxable Value in Excess of 115% of the Previous Year's Total Tangible Personal Property Taxable Value - Deletions) | \$ | <u>7,056,077</u> | (5) |
| (6) Current Year Adjusted Taxable Value (4) - (5) | \$ | <u>645,689,772</u> | (6) |
| (7) Prior Year FINAL Gross Taxable Value (From Prior Year Applicable Form DR-403 Series) | \$ | <u>554,351,714</u> | (7) |
| (8) Enter number of Tax Increment Value Worksheets (DR-420TIF) attached (If none, enter 0) | | <u>0</u> | |

I do hereby certify the values shown herein to be correct to the best of my knowledge and belief. Witness my hand and official signature

at Fort Lauderdale, Florida, this the 1 day of July, 2007 (Month, and Year)

[Signature]
Signature of Property Appraiser

SECTION II

TAXING AUTHORITY: If this portion of the form is not completed in FULL your Authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is inapplicable, enter N/A or -0-

- | | | | |
|---|----|---------------------|------------------|
| (9) Prior Year Operating Millage Levy | \$ | <u>6.5239</u> | per \$1,000 (9) |
| (10) Prior Year Ad Valorem Proceeds (7) x (9) | \$ | <u>3,616,535.15</u> | (10) |
| (11) Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value: Sum of either line (3)c or (4)a for all DR-420TIF forms | \$ | <u>-0-</u> | (11) |
| (12) Adjusted Prior Year Ad Valorem Proceeds (10) - (11) | \$ | <u>3,616,535.15</u> | (12) |
| (13) Dedicated Increment Value, if any: Sum of either line (3)b or (4)e for all DR-420TIF forms | \$ | <u>-0-</u> | (13) |
| (14) Adjusted Current Year Taxable Value (6) - (13) | \$ | <u>645,689,772</u> | (14) |
| (15) Current Year Rolled-Back Rate (12) divided by (14) | \$ | <u>5.6010</u> | per \$1,000 (15) |
| (16) Current Year Proposed Operating Millage Rate | \$ | <u>6.5239</u> | per \$1,000 (16) |

- (17) Check TYPE of Principal Authority (check one)
- | | |
|--|--|
| <input type="checkbox"/> County | <input type="checkbox"/> Independent Sp. Dist. |
| <input checked="" type="checkbox"/> Municipality | <input type="checkbox"/> Water Man. District |
- (18) Check Applicable Taxing Authority (check one)
- | | | |
|---|---|-------------------------------|
| <input checked="" type="checkbox"/> Principal Authority | <input type="checkbox"/> Dep. Spec. Dist. | <input type="checkbox"/> MSTU |
|---|---|-------------------------------|
- (19) Is millage levied in more than one county? (check one)
- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------------------------|--|

- | | | | |
|---|----|------------|------------------|
| (20) Current Millage Levy for Voted Debt Service | \$ | <u>-0-</u> | per \$1,000 (20) |
| (21) Current Millage Levy for Other Voted Millage | \$ | <u>-0-</u> | per \$1,000 (21) |

DEPENDENT SPECIAL DISTRICTS AND MSTUs SKIP lines (22) through (28)

- | | | | |
|--|----|---------------------|------------------|
| (22) Enter the Total Adjusted Prior Year Ad Valorem Proceeds of ALL Dependent Special Districts and MSTUs levying a millage. (The sum of Line (12) from each District's and MSTU's Form DR-420) | \$ | <u>-0-</u> | (22) |
| (23) Total Adjusted Prior Year Ad Valorem Proceeds: (12) + (22) | \$ | <u>3,616,535.15</u> | (23) |
| (24) The Current Year Aggregate Rolled-Back Rate: (23) divided by (14) | \$ | <u>5.6010</u> | per \$1,000 (24) |
| (25) Current Year Aggregate Rolled-Back Taxes (4) x (24) | \$ | <u>3,656,029.50</u> | (25) |
| (26) Enter Total of all non-voted Ad Valorem Taxes proposed to be levied by the Principal Taxing Authority, all Dependent Districts, and MSTUs if any. Sum of line (16) x line (4) from all Form DR-420s | \$ | <u>4,258,448.64</u> | (26) |
| (27) Current Year Proposed Aggregate Millage Rate: (26) divided by (4) | \$ | <u>6.5239</u> | per \$1,000 (27) |
| (28) Current Year Proposed Rate as a Percent Change of Rolled-Back Rate: [(Line 27 divided by Line 24) - 1.00] x 100 | | <u>16.48</u> | % (28) |

Date, Time and Place of the First Public Budget Hearing: September 5, 2007, @ 7:00 p.m. at Firemen's Hall, 4111 SW 39th Street, West Park, Florida

I do hereby certify the millages and rates shown herein to be correct to the best of my knowledge and belief. FURTHER, I certify that all millages comply with the provisions of Section 200.185 and 200.071 or 200.081, F.S. WITNESS my hand and official signature at

West Park, Florida, this the 3rd day of August, 2007 (Month, and Year)

| | |
|--|---|
| <p><u>[Signature]</u> City Administrator Signature and Title of Chief Administrative Officer</p> <p><u>P.O. Box 5710</u> Mailing Address</p> <p><u>West Park FL 33083</u> City State Zip</p> | <p><u>3150 SW 75th Ave Suite 100</u> <u>Pembroke Park, FL 33023</u> Address of Physical Location</p> <p><u>Christopher Wallace</u> Name of Contact Person</p> <p><u>(954) 689-4804 x 3734</u> <u>(954) 689-4806</u> Phone # Fax #</p> |
|--|---|



MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE

Year: 2007
County: Broward

Municipality: City of West Park
Taxing Authority: City of West Park

This form is to be completed for all municipal governments and special districts dependent to a municipality except those districts the predominant function of which is to provide emergency medical services.

1. Has the municipality levied ad valorem taxes for less than five years? (Check one)
 - YES. **Stop Here.** Sign below and submit. Municipality is not subject to a limitation on millage in FY 2007-08.
 - NO: Go to line 2.
2. Current Year Gross Taxable Value for Operating Purposes from Form DR-420, Line 4 _____ (2)
3. Prior Year Operating Millage Levy from Form DR-420, Line 9 _____ per \$1,000 (3)
4. Current Year Rolled-Back Rate from Form DR-420, Line 15 _____ per \$1,000 (4)
5. Compound annual growth rate in total per capita taxes levied of the municipality from FY 2001-02 to 2006-07. (See instructions.) _____ % (5)
6. Percentage of rolled-back rate allowed to be levied by a majority vote of the governing body. (see instructions) _____ % (6)
7. Is the municipality a "municipality of special financial concern"? (see instructions) (Check one) YES NO
8. Did the municipality first levy ad valorem taxes in FY 2002-03? (Check one) YES NO
9. Current Year Proposed Operating Millage Rate from Form DR-420, Line 16 _____ per \$1,000 (9)
10. Current Year Proposed Taxes (multiply Line 9 by Line 2) _____ (10)
11. Current Year Proposed Operating Millage Rate to be adopted by: (Check one)
 - Majority vote of the governing body
Maximum millage rate on Line 12 is equal to percentage on Line 6 times the rolled-back rate on Line 4
 - Two-thirds vote of the governing body
Maximum millage rate on Line 12 is equal to the rolled-back rate on Line 4
 - Unanimous vote of the governing body (or 3/4 vote if governing body has nine or more members)
Maximum millage rate on Line 12 is equal to the prior year's operating millage rate on Line 3
 - By referendum
Maximum millage rate on Line 12 as approved by referendum

You must provide a final Form DR-420 M with the final ordinance and voting record to the Department of Revenue after the final hearing.

12. The selection on Line 11 allows a maximum operating millage rate of: _____ per \$1,000 (12)
13. Taxes levied at maximum millage rate (multiply Line 12 by Line 2) _____ (13)

NOTE: The proposed millage rate on Line 9 must be equal to or less than the maximum millage rate on Line 12, UNLESS: the sum of the proposed taxes to be levied by the municipality and all of its dependent special districts is less than or equal to the sum of the maximum taxes that could be levied by the municipality and its dependent special districts. See Line 19 of the municipality's Form DR-420 M-P.

14. Is the proposed millage rate to be approved by a referendum of the voters? (Check one) YES: **STOP HERE.** Sign below and return. NO: Go to Line 15.

Total Proposed Taxes Levied:

15. Enter the Current Year Proposed Taxes of All Dependent Special Districts levying a millage. (The sum of Line 10 from each District's Form DR-420 M-P) _____ (15)
16. Total Current Year Proposed Taxes (add Line 10 and Line 15) _____ (16)

Total Maximum Taxes:

17. Enter the Taxes at the Maximum Millage for ALL Dependent Special Districts levying a millage. (The sum of Line 13 from each District's Form DR-420 M-P) _____ (17)
18. Total Taxes at Maximum Millage Rate (add Line 13 and Line 17) _____ (18)

Total Maximum vs. Total Proposed Taxes Levied:

19. Are the total current year proposed taxes on Line 16 less than or equal to the total taxes at maximum millage rate on Line 18? (Check one)
 - Yes: Proposed taxes levied comply with law.
 - NO: Proposed taxes levied DO NOT comply with law. If Line 16 is more than Line 18 on your Form DR-420 M following your final hearing, you will lose the half-cent sales tax distribution.

Complete and submit this preliminary Form DR-420 M-P to the property appraiser. After you have adopted millage rates and budgets, you must give the Department of Revenue a final Form DR-420 M after the final hearing.

I certify the millages and rates shown are correct to the best of my knowledge and belief.

Christopher Wallace
Signature and Title of Chief Administrative Officer

P.O. Box 5710
Mailing Address

West Park FL 00003-3083
City State Zip

3150 SW 52nd Avenue, Suite 100, Pembroke Park, FL 33023
Address of Physical Location

Christopher Wallace
Name of Contact Person

(954) 689-4804 03734 (954) 689-4806
Phone Ext. Fax Ext.

