

1
2 First Budget Hearing

Thursday, September 11, 2003
7:00 PM

Deering Estate Visitors Center
16701 SW 72nd Avenue
Palmetto Bay, FL 33157

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7 Second Budget Hearing

Monday, September 22, 2003
7:00 PM

Deering Estate Visitors Center
16701 SW 72nd Avenue
Palmetto Bay, FL 33157

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11 Section 3. The Village Clerk is directed to file the original certification of Taxable
12 Value and a certified copy of this resolution to the Property Appraiser

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14 Section 4. This resolution shall take effect immediately upon enactment.
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16 PASSED and ADOPTED this 14th day of July, 2003.

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19 Attest:


Meighan Pier
Village Clerk


Eugene P. Flinn, Jr.
Mayor

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23 APPROVED AS TO FORM:

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26 
27 Earl G. Gallop,
28 Village Attorney
29

30
31 FINAL VOTE AT ADOPTION:

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33 Council Member Ed Feller YES

34
35 Council Member Paul Neidhart YES

36
37 Council Member John Breder YES

38
39 Vice-Mayor Linda Robinson YES

40
41 Mayor Eugene P. Flinn, Jr. YES

SECTION I

Certification of Taxable Value

DR-420 R. 01/95

2003 Year

To Village of Palmetto Bay (Name of Taxing Authority)

Miami-Dade County

- (1) Current Year Taxable Value of Real Property for Operating Purposes \$ 1,830,778,328
(2) Current Year Taxable Value of Personal Property for Operating Purposes \$ 68,507,094
(3) Current Year Taxable Value of Centrally Assessed Property for Operating Purposes \$ -0-
(4) Current Year Gross Taxable Value for Operating Purposes (1) + (2) + (3) \$ 1,899,285,422
(5) Current Year Net New Taxable Value (New Construction + Additions + Rehabilitative Improvements Increasing Assessed Value By At Least 100% + Annexations - Deletions) \$ -0-
(6) Current Year Adjusted Taxable Value (4) - (5) \$ 1,899,285,422
(7) Prior Year Final Gross Taxable Value (From Prior Year Applicable Form DR-403 Series) \$ -0-

I do hereby certify the values show herein to be correct to the best of my knowledge and belief. Witness my hand and official signature at Miami-Dade County, Florida, this the 1st day of July, 2003

Signature of Property Appraiser

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-

SECTION II

- (8) Prior Year Operating Millage Levy \$ per \$1,000
(9) Prior Year Ad Valorem Proceeds (7) x (8) \$
(10) Current Year Rolled-Back Rate (9) divided by (6) \$ per \$1,000
(11) Current Year Proposed Operating Millage Rate \$ per \$1,000

(12) Check TYPE of Taxing Authority: County, Dependent District, Municipality, Independent Special District, Multi-County, Municipal Service Taxing Unit, Water Management District

(13) IF DEPENDENT, SPECIAL DISTRICT OR MSTU IS MARKED, PLEASE SEE REVERSE SIDE.

- (14) Current Year Millage Levy for VOTED DEBT SERVICE \$ per \$1,000
(15) Current Year Millage Levy for OTHER VOTED MILLAGE \$ per \$1,000

- (16) Enter Total Prior Year Ad Valorem Proceeds of ALL DEPENDENT Special Districts and MSTU's levying a millage. (The sum of Line (9) from each District's Form DR-420) \$
(17) Total Prior Year Proceeds: (9) + (16) \$
(18) The Current Year Aggregate Rolled-back Rate: (17) divided by (6) \$ per \$1,000
(19) Current Year Aggregate Rolled-back Taxes: (4) x (18) \$
(20) Enter Total of all non-voted Ad Valorem Taxes proposed to be levied by the Principal Taxing Authority, all Dependent Districts, and MSTU's if any. Line (11) x Line (4) \$
(21) Current Year Proposed Aggregate Millage Rate: (20) divided by (4) \$ per \$1,000
(22) Current Year Proposed Rate as a PERCENT CHANGE of Rolled-back Rate: [(Line 21 divided by Line 18) - 1.00] x 100 %

Date, Time and Place of the first Public Budget Hearing: and telephone number: %

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 200.071 or 200.081, F.S. WITNESS my hand and official signature at Florida, this the day of , 20

Signature of Chief Administrative Officer and Title
Mailing Address
City State Zip

Address of Physical Location
Name of Contact Person
Phone # Fax #