

**SPECIAL TAXING DISTRICT BOUNDARY CHANGE
MAP, PROPERTY DESCRIPTION AND PROPERTY OWNER LIST
APPLICATION**

Name of District: _____ Date of Application _____

SECTION A:

PROPOSED BOUNDARY CHANGE INFORMATION (Only 1 boundary change area or section per application):

1. IDENTIFY OR DESCRIBE THE EXTERIOR BOUNDARIES OF THE PROPOSED BOUNDARY CHANGE AREA BY STREET BOUNDARIES AND/OR PARCEL NUMBERS WHERE APPLICABLE: _____

2. REQUESTED DATE TO RECEIVE THE REQUESTED DOCUMENTS _____
(A minimum of 2 weeks is required to prepare map, property description, and list of property owners. Requests are processed in the order they are received.)

The maps, property description, and list of property owners which I have requested are being used for the following purpose(s): _____

SECTION B:

For a special taxing district map, property description and property owner list due to a proposed district boundary change, the following costs will be charged and payment will be due before the release of the map, property description, and list of property owners:

1. \$100.00 per hour for programming, map revisions, new property owner list, and related activities. (Map size is 8-1/2" x 11")
2. Maps:
 - For 11" x 17" Maps (includes 1 color and 1 black & white map) Additional \$3.00
 - 24" x 32" Maps (includes 1 color and 1 black & white map) Additional \$10.00

I certify that all information provided is true and correct. I agree not to hold Maricopa County liable for any inaccurate or incomplete information I may receive. I accept responsibility for unauthorized use or transmission of the data or information. (See disclaimer below).

DISCLAIMER INDEMNIFICATION

By executing this document, the Requester understands and agrees that Maricopa County does not guarantee the accuracy of the data and information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, invalidity, accuracy, inaccuracy of any said data and information.

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Requester/Purchaser accepts responsibility for Requester/Purchaser's unauthorized use or transmission of any such data or information in its actual or altered form.

SECTION C:

CONTACT INFORMATION:

1. DISTRICT NAME _____
2. REPRESENTATIVE NAME _____ PHONE NO. _____
3. COMPANY NAME _____
4. ADDRESS _____
5. EMAIL ADDRESS _____

I, _____, am the designated contact for this proposed district boundary change application.
(Print or Type Name)

Requester's Signature

Date of Signature