

Levy County Board of County Commissioners Agenda Item Summary Form

1.	Name	:	Mary-Ellen Harper				
2.	Organ	ization/Title/Telephone:	BOCC/County Manager				
3.	Meeti	ng Date:	Tuesday, September 10, 2024				
4. for the	Requested Motion/Action: Requesting the Levy County Board of County Commissioners' approval of Resolution 2024-53 Annual Fire Protection Services Tax Assessment Rate Resolution.						
5.	Agend	la Presentation:	Yes 🗆	No 🗆	N/A 🛛		
6.		Time Requested: Click or tap to enter a date. (Request will be granted if Possible) allotted time not more than 15 minutes					
7.	Is this	Item Budgeted (If Applicable):	Yes 🗆	No 🗆	N/A 🛛		
8.	lf no, s	If no, State Action Required:					
	a.	Budget Action:					
	b.	Financial Impact Summary Statement:					
	c.	Detailed Analysis Attached					
	d.	Budget Officer Approval:					
	If approved enter date: Click or tap to enter a date.						
9.	Backg	Background: (Why is the action necessary, and what action will be accomplished) (All					

9. Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)

Final Rate Resolution 2024-53 for Fire Protection Services Tax Assessments as prepared by Nabors, Giblin & Nickerson, P.A. This directs the imposition of Fire Protection Services Assessments for fiscal year 2024-2025, beginning October 1, 2024.

10. Recommended Approval

a.	Department Director:	Yes 🛛	No 🗆	N/A 🗆
b.	County Attorney:	Yes 🛛	No 🗆	N/A □
c.	County Coordinator:	Yes 🛛	No 🗆	N/A □
d.	Other:	Yes 🛛	No 🗆	N/A □



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