

JENNIFER CARTER SALINE COUNTY COLLECTOR
2024 Annual Taxpayer Transparency Improvement District Report

1. Name of recorded district _____ Formation Statute _____
2. Purpose of the district _____
3. Contracts-Obligations (Contractor's business name, phone number, and address)

4. Current Indebtedness & Bond Indebtedness (per most recent records)

Name of Payee	Amount Owed	Payoff/Maturity Date
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

5. Outstanding # of Delinquent Assessments/Responsible Delinquent Collector

of Parcels _____

\$ Total _____

Delinquent Collector _____

6. District Commissioners

Name	Address	City, Zip	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Annual Meeting _____

Date	Time	Location
_____	_____	_____

8. District Assessor (Administrator)

Name _____ Address _____ ZIP _____ Phone _____

9. Payee for Distribution from County Treasurer

Name _____ Address _____ ZIP _____

10. Delinquent Penalty (%) & Cost (\$) charges to property owner

% _____ \$ _____

11. Method used to Calculate Assessments (Flat Fee; Per Acre; Per Structure, etc.)

12. Statement of Income and Expenditure Activity: (Attachments Balance Sheet/Bank Statements)

Completed By: _____ Address _____ ZIP _____ Phone _____

Print Name

_____ Date _____

Signature