

VOLUNTARY ASSESSMENT PETITION

Notes:

- All information on this form, including your signature, becomes a public record upon receipt by the County.
- No person shall sign more than one petition.
- If all requested information on this form is not completed, the form will not be effective as a Voluntary Assessment Petition.

I, _____, the undersigned, a property owner of property described below and located in the _____ subdivision in Wakulla County, Florida hereby express my support for the development and imposition of a special assessment program for construction of _____ local improvements. I recognize that this Petition will be submitted to the Wakulla County Board of County Commissioners for consideration with regards to the creation of the assessment program.

Residence Address

Address	City	County	State	Zip Code
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Address of property within subdivision (if not the same as residence address)

Address	City	County	State	Zip Code
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Date of Birth

Voter Registration Number

	or	
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Signature of Voter

Date

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Once 51% of the property owners who will be affected by the assessment have signed a petition indicating their support for the proposed assessment program, please submit all of the signed petitions to Benjamin Pingree, Wakulla County Administrator, P.O. Box 1263, Crawfordville, FL 32326.

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