

**City/Town
Tax Rate Summary
Report 693**

Form PT-693CTY
pt-693cty.xls Rev. 12/07

City/Town: _____

County: _____ Tax Year: _____

The Board of Trustees for the above city or town has set the current year's tax rates as follows:

Purpose of Tax Rate <small>(code from Utah Code Annotated)</small>	Certified Tax Rate <small>(Report 713 line 10 or 713B col. 5)</small>	Proposed Tax Rate <small>(Report 694 line 7 or 694B col. 3)</small>	Maximum By Law	Budgeted Revenue <small>(Report 694 line 1 or 694B col. 2)</small>
General Purposes (010*) §10-6-133/10-5-112	_____	_____	.007000	_____
Interest & Sinking Fund (020) §11-1-1	_____	_____	Sufficient	_____
Water, Light, Power, Sewage, Water Purification (140) §10-7-14.2	_____	_____	.000800	_____
Hospitals (080) <small>(towns & 3rd class cities) §10-8-91</small>	_____	_____	.001000	_____
Tort Liability (050) <small>Government Immunity Act §63-30-27</small>	_____	_____	.000100	_____
Recreation (090) §11-2-7	_____	_____	Sufficient	_____
Special Imp. Guaranty (200) §17A-3-334	_____	_____	.000200	_____
City Library (030) §9-7-401	_____	_____	.001000	_____
Judgement Recovery (190) §59-2-1328 & 1330	_____	_____	Sufficient	_____
Other (Specify purpose and statute):	_____	_____		_____

Total Tax Rate	[]	[]	Total Revenue	[]
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Certification by Taxing Entity

I, _____, as authorized agent, hereby certify that this statement is true and correct and in compliance with all sections of the Utah State Code relating to the tax rate setting process.

Signature: _____ Date: _____

Title: _____ Telephone: _____

Mailing address: _____

Note: This report must be filed with the county auditor before June 22nd.

Certification by County Auditor

I have examined the information submitted on this statement and have found it to be true and correct.

Signature: _____ Date: _____

Note: County auditors must forward one copy of this report to the State Tax Commission on or before June 22nd.

* These numbers refer to the budget types used by the State Tax Commission.