

Check here if this is an amended form.

• Submit two (2) copies to the county assessor by July 15.

**Notification**

\_\_\_\_\_ authorizes its 20\_\_ - \_\_\_\_ ad valorem tax increment amounts  
(Agency name) by plan area for the tax roll of \_\_\_\_\_  
(County name)

\_\_\_\_\_  
(Contact person) (Telephone number) (Date submitted)

\_\_\_\_\_  
(Agency's mailing address) (Contact person's e-mail address)

Yes, the agency has filed an impairment certificate by May 1 with the assessor (ORS 457.445).

**Part 1: Option One Plans (Reduced Rate).** [ORS 457.435(2)(a)]

Plan Area Name	Increment Value to Use*	100% from Division of Tax	Special Levy Amount**
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____

**Part 2: Option Three Plans (Standard Rate).** [ORS 457.435(2)(c)]

Plan Area Name	Increment Value to Use***	100% from Division of Tax***	Special Levy Amount****
_____	\$ _____ OR _____	_____	_____
_____	\$ _____ OR _____	_____	_____
_____	\$ _____ OR _____	_____	_____

**Part 3: Other Standard Rate Plans.** [ORS 457.445(2)]

Plan Area Name	Increment Value to Use*	100% from Division of Tax*	
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	

**Part 4: Other Reduced Rate Plans** [ORS 457.445(1)]

Plan Area Name	Increment Value to Use*	100% from Division of Tax*	
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
_____	\$ _____ OR <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	

**Notice to Assessor of Permanent Increase in Frozen Value.** Beginning tax year 2017-18, permanently increase frozen value to:

Plan Area Name	New frozen value
_____	\$ _____
_____	\$ _____

**\*All Plans except Option Three:** Enter amount of Increment Value to Use that is less than 100 percent or check "Yes" to receive 100 percent of division of tax. **Do NOT enter an amount of "Increment Value to Use" AND check "Yes."**  
**\*\*If an Option One plan enters a Special Levy Amount, you MUST check "Yes" and NOT enter an amount of "Increment to Use."**  
**\*\*\*Option Three plans enter EITHER an amount of "Increment Value to Use" to raise less than the amount of division of tax stated in the 1998 ordinance under ORS 457.435(2)(c) OR the "Amount from Division of Tax" stated in the ordinance, NOT both.**  
**\*\*\*\*If an Option Three plan requests both an amount of "Increment Value to Use" that will raise less than the amount of division of tax stated in the 1998 ordinance and a "Special Levy Amount," the "Special Levy Amount" cannot exceed the amount available when the amount from division of tax stated in the ordinance is subtracted from the plan's Maximum Authority.**