

Prepared By and Return to:
Jeff Earhart, Engineering Manager
Lake County Public Works Department
P.O. Box 7800
Tavares, FL 32778

**NOTICE OF TAX ASSESSMENT FOR
DISTRIBUTED WASTEWATER TREATMENT SYSTEMS**

Property Owner: _____
Property Address: _____
Legal Description: See Exhibit A

Levying Authority: Lake County, Florida
Address: 315 West Main Street, P.O. Box 7800, Tavares, FL 32778

Pursuant to Section 695.01(3), Florida Statutes, and Section 695.26, Florida Statutes, this Notice of Tax Assessment for Distributed Wastewater Treatment Systems, is being recorded to provide notice that the above referenced Property is subject to a Municipal Services Benefit Unit (MSBU) for the provision of distributed wastewater treatment system services.

A MSBU is established by ordinance and authorized by Section 125.01(q), Florida Statutes. The MSBU will levy a non-ad valorem assessment to all current and future lot owners of record which will be an additional fee on each property owners' annual property tax bill. Once an MSBU is created and placed on the annual property tax bill, current and future owners of the above referenced Property are hereby notified that failure to pay the assessment will cause a tax certificate to be issued against the Property which may result in a loss of title.

BY SIGNING BELOW, THE CURRENT PROPERTY OWNER HEREBY CONSENTS TO THE CREATION OF THE MSBU AND ANY ADDITIONAL ASSESSMENT THIS CREATES ON THE UPCOMING PROPERTY TAX BILL, AND ALL FUTURE PROPERTY TAX BILLS FOR SO LONG AS THE SYSTEM REMAINS IN PLACE. FURTHER, THE CURRENT PROPERTY OWNER AGREES AND UNDERSTANDS THAT ONCE THE DISTRIBUTED WASTEWATER TREATMENT SYSTEM IS INSTALLED, THE SYSTEM MAY NOT BE DISCONNECTED OR REMOVED, AND SHALL BE A PERMANENT FIXTURE UPON THE PROPERTY, UNLESS THE PROPERTY CONNECTS TO A MUNICIPAL WASTEWATER SYSTEM.

Witnesses:

1. Sign: _____

Print Name: _____

Address: _____

City, State Zip Code: _____

Witness:

2. Sign: _____

Print Name: _____

Address: _____

City, State Zip Code: _____

Grantor(s):

Property owner signature

Printed name

State of Florida

County of _____

SWORN TO and subscribed before me by means of ☐ physical presence or ☐ online notarization
this _____ day of _____, 2025, by _____
who is/are personally known to me or has/have produced _____ as
identification.

(SEAL)

Notary Public (Signature)

Print Name: _____

My Commission Expires: _____

Witnesses:

1. Sign: _____

Print Name: _____

Address: _____

City, State Zip Code: _____

Witness:

2. Sign: _____

Print Name: _____

Address: _____

City, State Zip Code: _____

Grantor(s):

Property owner spouse signature

Printed name

State of Florida

County of _____

SWORN TO and subscribed before me by means of ☐ physical presence or ☐ online notarization
this _____ day of _____, 2025, by _____ who is/are personally
known to me or has/have produced _____ as
identification.

(SEAL)

Notary Public (Signature)

Print Name: _____

My Commission Expires: _____

EXHIBIT A: LEGAL DESCRIPTION