

Certification of Taxable Value

SECTION I

Year: 2007

County: Broward

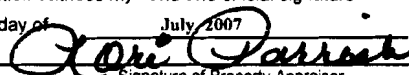
Principal Authority: Cooper City

Taxing Authority: Cooper City

FOR DOR USE ONLY	
City:	_____
TA:	_____
Levy:	_____

DR-420
R. 06/07

- | | | | |
|--|----|----------------------|-----|
| (1) Current Year Taxable Value of Real Property for Operating Purposes | \$ | <u>2,200,067,880</u> | (1) |
| (2) Current Year Taxable Value of Personal Property for Operating Purposes | \$ | <u>53,667,452</u> | (2) |
| (3) Current Year Taxable Value of Centrally Assessed Property for Operating Purposes | \$ | <u>0</u> | (3) |
| (4) Current Year Gross Taxable Value for Operating Purposes (1) + (2) + (3) = (4) | \$ | <u>2,253,735,332</u> | (4) |
| (5) Current Year Net New Taxable Value
(New Construction + Additions + Rehabilitative Improvements Increasing Assessed Value By At Least 100% + Annexations + Total Tangible Personal Property Taxable Value In Excess of 115% of the Previous Year's Total Tangible Personal Property Taxable Value - Deletions) | \$ | <u>3,352,629</u> | (5) |
| (6) Current Year Adjusted Taxable Value (4) - (5) | \$ | <u>2,250,382,703</u> | (6) |
| (7) Prior Year FINAL Gross Taxable Value (From Prior Year Applicable Form DR-403 Series) | \$ | <u>2,092,660,156</u> | (7) |
| (8) Enter number of Tax Increment Value Worksheets (DR-420TIF) attached (If none, enter 0) | | <u>0</u> | |

I do hereby certify the values shown herein to be correct to the best of my knowledge and belief. Witness my hand and official signature at Fort Lauderdale, Florida, this 1 day of July, 2007 (Month, and Year)

 Signature of Property Appraiser

SECTION II

TAXING AUTHORITY: If this portion of the form is not completed in FULL your Authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is inapplicable, enter N/A or -0-

- | | | | |
|---|----|----------------------|------------------|
| (9) Prior Year Operating Millage Levy | \$ | <u>5.4000</u> | per \$1,000 (9) |
| (10) Prior Year Ad Valorem Proceeds (7) x (9) | \$ | <u>11,300,365</u> | (10) |
| (11) Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value: Sum of either line (3)c or (4)a for all DR-420TIF forms | \$ | <u>-0-</u> | (11) |
| (12) Adjusted Prior Year Ad Valorem Proceeds (10) - (11) | \$ | <u>11,300,365</u> | (12) |
| (13) Dedicated Increment Value, if any: Sum of either line (3)b or (4)e for all DR-420TIF forms | \$ | <u>-0-</u> | (13) |
| (14) Adjusted Current Year Taxable Value (6) - (13) | \$ | <u>2,250,382,703</u> | (14) |
| (15) Current Year Rolled-Back Rate (12) divided by (14) | \$ | <u>5.0215</u> | per \$1,000 (15) |
| (16) Current Year Proposed Operating Millage Rate | \$ | <u>4.7704</u> | per \$1,000 (16) |
- (17) Check TYPE of Principal Authority (check one)
- | | |
|--|--|
| <input type="checkbox"/> County | <input type="checkbox"/> Independent Sp. Dist. |
| <input checked="" type="checkbox"/> Municipality | <input type="checkbox"/> Water Man. District |
- (18) Check Applicable Taxing Authority (check one)
- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> Principal Authority | <input type="checkbox"/> Dep. Spec. Dist. | <input type="checkbox"/> MSTU |
|--|---|-------------------------------|
- (19) Is millage levied in more than one county? (check one)
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- | | | | |
|---|----|-----------------------------|------------------|
| (20) Current Millage Levy for Voted Debt Service | \$ | <u>0.1826</u> | per \$1,000 (20) |
| (21) Current Millage Levy for Other Voted Millage | \$ | <u> </u> | per \$1,000 (21) |

DEPENDENT SPECIAL DISTRICTS AND MSTUs SKIP lines (22) through (28)

- | | | | |
|--|----|-------------------|------------------|
| (22) Enter the Total Adjusted Prior Year Ad Valorem Proceeds of ALL Dependent Special Districts and MSTUs levying a millage. (The sum of Line (12) from each District's and MSTU's Form DR-420) | \$ | <u>-0-</u> | (22) |
| (23) Total Adjusted Prior Year Ad Valorem Proceeds: (12) + (22) | \$ | <u>11,300,365</u> | (23) |
| (24) The Current Year Aggregate Rolled-Back Rate: (23) divided by (14) | \$ | <u>5.0215</u> | per \$1,000 (24) |
| (25) Current Year Aggregate Rolled-Back Taxes (4) x (24) | \$ | <u>11,317,132</u> | (25) |
| (26) Enter Total of all non-voted Ad Valorem Taxes proposed to be levied by the Principal Taxing Authority, all Dependent Districts, and MSTUs if any. Sum of line (18) x line (4) from all Form DR-420s | \$ | <u>10,751,219</u> | (26) |
| (27) Current Year Proposed Aggregate Millage Rate: (26) divided by (4) | \$ | <u>4.7704</u> | per \$1,000 (27) |
| (28) Current Year Proposed Rate as a Percent Change of Rolled-Back Rate:
[(Line 27 divided by Line 24) - 1.00] x 100 | | <u>-5</u> | % (28) |

Date, Time and Place of the First Public Budget Hearing: September 17, 2007, at 7:30 p.m., City Hall Auditorium, 9090 Southwest 50 Place, Cooper City, FL 33328

I do hereby certify the millages and rates shown herein to be correct to the best of my knowledge and belief. FURTHER, I certify that all millages comply with the provisions of Section 200.185 and 200.071 or 200.081, F.S. WITNESS my hand and official signature at

COOPER CITY, Florida, this the 18th day of JULY, 2008 (Month, and Year)

Christine J. Farrell
Signature and Title of Chief Administrative Officer

9090 S.W. 50 PLACE
Address of Physical Location

Box 290910
Mailing Address

SUSAN BERNARD
Name of Contact Person

COOPER CITY, FL 33329-0910
City State Zip

954-434-4300 954-434-5099
Phone # Fax #

MUNICIPALITY MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE

DR-420 M-P
N. 07/07

Year 2007
County Broward

Municipality: City of Cooper City
Taxing Authority: City of Cooper City

This form is to be completed for all municipal governments and special districts dependent to a municipality except those districts whose primary function is to provide emergency medical or fire rescue services.

1. Has the municipality levied ad valorem taxes for less than five years?
 YES: STOP HERE. Sign below and submit. Municipality is not subject to a limitation on millage in FY 2007-08.
 NO: Go to line 2.
2. Current Year Gross Taxable Value for Operating Purposes from Form DR-420, Line 4 \$ 2,253,735,332 (2)
3. Prior Year Operating Millage Levy from Form DR-420, Line 9 \$ 5,4000 per \$1,000 (3)
4. Current Year Rolled-Back Rate from Form DR-420, Line 15 \$ 5,0215 per \$1,000 (4)
5. Compound annual growth rate in total per capita taxes levied of the municipality from
FY 2001-02 to 2006-07. (see instructions) 9.75 % (5)
6. Percentage of rolled-back rate allowed to be levied by a majority vote of the governing body. (see instructions) 95 % (6)
7. Is the municipality a "municipality of special financial concern"? (see instructions) (Check one) YES NO
8. Did the municipality first levy ad valorem taxes in FY 2002-03? YES NO
9. Current Year Proposed Operating Millage Rate from Form DR-420, Line 16 \$ 4.7704 per \$1,000 (9)
10. Current Year Proposed Taxes (multiply Line 9 by Line 2) \$ 10,751,219 (10)
11. Current Year Proposed Operating Millage Rate to be adopted by: (Check one)
 Majority vote of the governing body
 ➔ Maximum millage rate on Line 12 equal to percentage on Line 6 times the rolled-back rate on Line 4
 Two-thirds vote of the governing body
 ➔ Maximum millage rate on Line 12 equal to the rolled-back rate on Line 4
 Unanimous vote of the governing body (or 3/4 vote if governing body has nine or more members)
 ➔ Maximum millage rate on Line 12 equal to the prior year's operating millage rate on Line 3
 By referendum
 ➔ Maximum millage rate on Line 12 as approved by referendum

You must provide a final Form DR-420 M with the final ordinance and voting record to the Department of Revenue after the final hearing.

12. The selection on Line 11 allows a maximum millage rate of: \$ 4.7704 per \$1,000 (12)
13. Taxes levied at maximum millage rate (multiply Line 12 by Line 2) \$ 10,751,219 (13)

NOTE: The proposed millage rate on Line 9 must be equal to or less than the maximum millage rate on Line 12, UNLESS: the sum of the proposed taxes to be levied by the municipality and all of its dependent special districts is less than or equal to the sum of the maximum taxes that could be levied by the municipality and its dependent special districts. See Line 19 of the municipality's Form DR-420 M-P.

Dependent Districts: Skip Lines 14 - 19. Sign below and submit.

14. Is the proposed millage rate to be approved by a referendum of the voters? YES: STOP HERE. Sign below and submit. NO: Go to Line 15.
- Total Proposed Taxes Levied:**
15. Enter the Current Year Proposed Taxes of ALL Dependent Special Districts levying a millage.
(The sum of Line 10 from each District's Form DR-420 M-P) \$ _____ (15)
 16. Total Current Year Proposed Taxes (add Line 10 and Line 15) \$ _____ (16)
- Total Maximum Taxes:**
17. Enter the Taxes at the Maximum Millage for ALL Dependent Special Districts levying a millage.
(The sum of Line 13 from each District's Form DR-420 M-P) \$ _____ (17)
 18. Total Taxes at Maximum Millage Rate (add Line 13 and Line 17) \$ _____ (18)
- Total Maximum vs. Total Proposed Taxes Levied:**
19. Are the total current year proposed taxes on Line 16 less than or equal to the total taxes at maximum millage rate on Line 18?
(Check one) YES: Proposed taxes levied comply with law.
 NO: Proposed taxes levied DO NOT comply with law. If Line 16 is more than Line 18 on your Form DR-420 M following your final hearing, you will lose the half-cent sales tax distribution.

Complete and submit this preliminary Form DR-420 M-P to the property appraiser. After you have adopted millage rates and budgets, you must give the Department of Revenue a final Form DR-420 M after the final hearing.

I certify the millages and rates shown are correct to the best of my knowledge and belief.


Signature and Title of Chief Administrative Officer

9090 S. W. 50th Place
Address of Physical Location

P. O. Box 290910
Mailing Address

Horacio Montes de Oca
Name of Contact Person

Cooper City FL 33329-0910
City State Zip

(954) 434-4300 (954) 434-5099
Phone # Fax #