Unit Information			
Year: 2016			
Unit Dependency: Dependent			
Contact Information			
Name:			
Title:			
Phone:			
Email:			
Address:			
,			

Certification			
Chief Financial Officer Chairman/Elected Official		l Official	
	Name:	Name:	
	Title:	Title:	
			Yes No
	Have You Experienced a Financial Emergency in this year? If Yes, Have You Compiled With Section 218.503(2), Florida Statues?		

AFR Details

Original AFR

AFR Status: Certified

AFR Received Date: 5/10/2017

Audit Received Date: 5/16/2017

Submission Type: Electronic

Long-Term Debt Information

Long-Term Debt:

Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

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Revenues Report for FYE 2016

Expenditures Report for FYE 2016

Data Element Worksheet Report for FYE: 2016, Brevard County Special Recreation District IV

Affiliates Report for FYE 2016

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