Unit Information		
Year: 2014		
Unit Dependency: Dependent		
Contact Information		
Name:		
Title:		
Phone:		
Email:		
Address:		
,		

Certification		
Chief Financial Officer	Chairman/Elected Official	
Name:	Name:	
Title:	Title:	
	Yes N	lo —
Have You Experienced a Financial Emergence If Yes, Have You Compiled With Section 218.		

AFR Details

Original AFR

AFR Status: Certified

AFR Received Date: 4/29/2015

Audit Received Date: 4/29/2015

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 2014

Expenditures Report for FYE 2014

Data Element Worksheet Report for FYE: 2014, Burnt Store Isles Canal Maintenance Assessment District

Affiliates Report for FYE 2014

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