



984 Old Mill Run
The Villages, FL 32162
352-751-3900/Fax 750-3639
Attn: Barbara Mercer or Jackie Evans, Assessment Specialists

Request for Reimbursement of Bond Interest

Please complete the following information in order to submit your request for determination of eligibility for a refund of bond interest:

Owner's Name: _____ Phone No: _____
Unit _____ Lot _____ Request Date: _____
Property Address: _____
Mailing Address: _____

I hereby request that you review the calculation of the interest payment included in my payoff amount when I paid my special assessment bond in full.

Owner's Signature: _____

----- DO NOT WRITE BELOW THIS LINE - FOR DISTRICTS' USE ONLY -----

District # & Bond Series: _____

Bond Payoff Check Date: _____

Prepaid Bond Amount: _____

Interest Collected in Annual Assessment:
(on County Tax Bill) _____

Percentage of Interest Due to Bondholders: _____

0% if payment was made between the July cutoff date and September 16 of the same year
50% if payment was made between September 17 of the same year and March 16 of the following year
100% if payment was made between March 17 and the next July cutoff date

Amount of Interest Due to Bondholders: _____

Refund Due to Homeowner: _____

Signed: _____ Date _____
Bond Specialist

Approved: _____ Date _____
Sr. Accountant