Schedule A

CHECKLIST FOR REQUEST TO EXCEED STATUTORY TAX CAP DUE TO EMERGENCY SITUATIONS (R.I.G.L. Section 44-5-2)

(Municipality)		lity) (Proposed Budget Year)	(Proposed Budget Year)	
Geı	neral Levy	evy Information:	Tax Rate	
		budget year		
P	roposed b	budget year		
<u>Pro</u>	posed Le	evy Information:		
E	stimated	d net assessed valuation (tax base)		
		posed general fund budget (including 1 budget and debt service)		
	mount by atutory ca	by which proposed tax levy exceeds cap		
	otal overr Iunicipal	erride requested of Office of al Affairs		
Total override requested of Office of Auditor General			*	
*	Please	e complete Schedule B to support this amount and include the following required information:		
	(a)	Letter signed by the municipalities chief executive officer;		
	(b)	Detailed budget document for current year (Submit Town & School budgets if applicable);		
	(c)	Detailed proposed budget document for new year <u>with each emergency situation clearly id</u> <u>document</u> (Submit Town & School budgets if applicable);	entified in budget	
	(d)	Supporting information describing the emergency nature of each item requested (e.g., curren population data for 3 or more years as evidence of significant growth in student population);	t and projected student	
	(e)	A signed certification by the municipality (including school district, if applicable) that there a in the budget that can be reduced;	are no other line items	
	(f)	A written certification from the Finance Director as to the financial facts in support of the rec General;	uest to the Auditor	
	(g)	Any other information deemed relevant to your request.		

PLEASE SUBMIT SCHEDULES A AND B AND SUPPORTING DOCUMENTATION ALONG WITH YOUR REQUEST TO EXCEED THE STATUTORY PROPERTY TAX CAP SIGNED BY THE MUNICIPALITY'S CHIEF EXECUTIVE OFFICER <u>AT LEAST 30 DAYS PRIOR TO</u> <u>YOUR REQUIRED RESPONSE DATE</u>.