## **CERTIFICATION OF ASSESSMENT**

The Capay Valley FPD , hereby certif	ies that the special	assessment(s)/fee(s
		Tax bill by the _is in compliance with
all requirements of state law, including bu		requirements of
Proposition 218 that added Articles XIIIC		•
Troposition 2 to that added Articles Affice		ate Constitution.
The Capay Valley FPD agrees to def	fend, indemnify and	hold harmless the
County of Yolo, the Board of Supervisors	the Auditor-Contro	oller its officers and
employees, from litigation over whether t		
other State laws were met with respect to	•	•
If any judgment is entered against any in-		
meeting the requirements of any State la assessment(s), the Capay Valley FPD (Agency)	w including Proposi agrees that	
offset the amount of any judgement paid monies collected by County on Capay Valle	y FPD beha	party from any alf, including property
taxes, special taxes, fees, or assessment	• *	
AUTHORIZED SIGNATURE	PRINT NAME	DATE
Date of original resolution: August 5, 2024 (Please fill	in)	
,	·	
Copy of resolution on file at the Auditor's (If no, please provide a copy with this certification)	office. Y (N)	
Phone number to be included on Tax Bill	530-796-3300 (Include area code	<del>)</del>
Email address to be included on Website	capayvalley@yahoo.cor	n
Capay Valley Fire Protection District		
Agency	<del></del>	
(One copy of this certification required for each levy assessm	ent/fee)	