

**INTERIM DISPOSAL
SPECIAL ASSESSMENT LIEN**

-For Recording Use Only Above Line-

This Interim Disposal Special Assessment Lien is hereby created, established and levied as provided by ordinance, and this Notice effective as of the date set forth below, having been brought before and acted upon by the Board of County Commissioners of Hernando County, a political subdivision of the State of Florida ("County"), whose address is 15470 Flight Path Dr., Brooksville, FL 34604, pursuant to the Hernando County Code of Ordinances, Chapter 14, Sec. 14-64.26, and Chapter 125, Florida Statutes:

WHEREAS, County has determined that an Interim Disposal Special Assessment in the amount of \$142.95, as provided for by Hernando County Code, assessed against the subject property legally described below has not been paid as required by said Code; and,

WHEREAS, Hernando County Code Sec. 14-64.26 provides for the creation, establishment, and levy of a lien in the amount of such assessment against the property specially benefited, and the subject property described herein has been determined as having been specially benefited.

NOW THEREFORE, IT IS HEREBY ORDERED, upon this matter coming before the Hernando County Board of County Commissioners and in consideration of the special benefit to the subject property described herein, there is hereby created, established, and levied by operation of law, running from the thirty-first (31st) day from the date set forth below, a lien upon the following described real property situated and lying in Hernando County, Florida, to wit:

9405 NORTHCLIFFE BOULEVARD, KEY #637494
SPRING HILL UNIT 23 BLK 1598 LOT 13
HERNANDO COUNTY, FLORIDA

Owner's name: ZAMIRA ROQUE ALONSO

Mailing address: 9405 NORTHCLIFFE BLVD
SPRING HILL, FL 34606-1505

Said lien may be foreclosed by County pursuant to Hernando County Code and in accordance with the procedure set forth in general law or may be enforced in any other manner allowed by law.

Said lien shall bear interest at the statutory rate from _____, 2024, until paid in full.

IN WITNESS WHEREOF, Hernando County has set its hand and seal this ____ day of _____ 2024.

**HERNANDO COUNTY BOARD OF COUNTY
COMMISSIONERS**

Elizabeth Narverud, Chairperson

ATTEST:

Doug Chorvat, Jr., Clerk of the Circuit Court

Approved for Form and Legal Sufficiency:

By: Victoria Anderson
County Attorney's Office

**STATE OF FLORIDA
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 2024, by Elizabeth Narverud, Chairperson of the Hernando County Board of County Commissioners, who is personally known to me or who has produced _____ as identification.

(Signature of person taking acknowledgment)

Name typed, printed, or stamped)

(Title or rank)

(Serial number, if any)