## Notice About 2024 Tax Rates

current year

Property Tax Rate	es in Travis County Emergency Services District No. 10							
			(taxing unit's name)					
This notice conce		property tax rates for	Travis County		y Service District N	o. 10		
	( ) )	(current year)			(taxing unit's name)			
amount of taxes a can adopt without	as last year if you compar holding an election. In ea	tax rates used in adopting the cu e properties taxed in both years. ach case, these rates are calcular rates are given per \$100 of prope	In most cases, the vo	ter-approval ta	x rate is the highest tax	rate a taxing unit		
Taxing units prefe	erring to list the rates can	expand this section to include an	explanation of how the	hese tax rates	were calculated.			
This year's no-	-new-revenue tax rate			. \$	0.09400 <sub>/\$100</sub>			
This year's vot	er-approval tax rate			. \$	0.09730 <sub>/\$100</sub>			
To see the full cale	culations, please visit	https://tcesd10.or	g/ for a copy of the <sup>-</sup>	Tax Rate Calcu	ulation Worksheet.			
Unencumbere	ed Fund Balances							
The following estir debt obligation.	mated balances will be lef	t in the taxing unit's accounts at t	ne end of the fiscal ye	ear. These bala	nces are not encumbere	d by corresponding		
_		Type of Fund			Balance			
		M&O Reserves		\$	800,000.00			
L								

## **Current Year Debt Service**

The following amounts are for long-term debts that are secured by property taxes. These amounts will be paid from upcoming property tax revenues (or additional sales tax revenues, if applicable).

Principal or Contract Payment to be Paid From Property Taxes	Interest to be Paid From Property Taxes	Other Amounts to be Paid	Total Payment
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Contract Payment to be Paid From Property Taxes	Contract Payment Interest to be Paid From Property Taxes Property Taxes	Contract Payment Interest to be Paid From to be Paid From Other Amounts Property Taxes Property Taxes to be Paid

(expand as needed)

Notice of Tax Rates	Total required for 2024 debt service		¢		0	Form 50-212
	(current year)					
-	Amount (if any) paid from funds listed in u	inencumbered funds	\$		0.00	
-	Amount (if any) paid from other resources		\$		0.00	
-	Excess collections last year		\$		0	
	= Total to be paid from taxes in	24	\$		0_	
	+ Amount added in anticipation that the	• •	ect			
	only 100 % of its taxes in 2 (collection rate)	024	\$		0.00	
=	Total Debt Levy					
lotor Approval T	·		*			
oter-Approval i	ax Rate Adjustments					
State Criminal Ju	stice Mandate					
he N/A (county na	County Auditor certifies that	(county name	Cour	nty has spent \$	(mine	us any amoun
eceived from state rev	venue for such costs) in the previous 12 m	onths for the mainter	nance and opera	ations cost of keepi	ng inmates sentenc	ed to the Texa
Department of Crimina	Justice(county name)	County Sheriff ha	s provided	(county name)	information	on these cost
	les received for the reimbursement of such					
ndigent Health C	care Compensation Expenditure	s				
he	N/A (county name)	spent \$ <i>(am</i>	ount) fron	n July 1 (prior yea	to Jun 30 ar) (	current year)
n indigent health care	compensation procedures at the increase	d minimum eligibility	standards, less	s the amount of stat	e assistance. For th	e current tax
ear, the amount of inc	crease above last year's enhanced indigen	t health care expend	itures is \$	This i	ncreased the voter-	approval tax
ate by \$	/\$100.					
ndigent Defense	Compensation Expenditures					
	N/A					
he	(county name)	_ spent \$	(amount)	from July 1(p	to June 30 rior year)	(current year)
o provide appointed co	ounsel for indigent individuals, less the am	ount of state grants	received by the	county. In the prece	eding year, the cour	nty spent
6 fo (amount)	or indigent defense compensation expendit	ures. The amount of	increase above	last year's indigent	defense expenditu	res is
S Th	is increased the voter-approval rate by \$ _	/\$10	00 to recoup			
(amount of increase)		mount of increase)	· (us	se one phrase to comp penditures, or 5% more		

Notice of Ta	ax Rates					Form 50-212	
Eligible	County Hospital Expenditures						
The	N/A (name of taxing unit)	spent \$ _	(amount)	from July 1	(prior year)	to June 30	
on expendi	itures to maintain and operate an eligible county hosp	tal. In the pre	eceding year, the				
(taxing unit name)							
spent \$	for county hospital expenditures. For the curr	ent tax year,	the amount of incr	ease above last year	's expenditur	es is	
\$(amount of	. This increased the voter-approval tax rate by increase)	/	/\$100 to recoup	(use one phrase to con	,	e: the increased eceding year's expenditures)	
This notice	contains a summary of the no-new-revenue and vote	r-approval ca	lculations as				
certified by	Ken Campbell, Secretary	August 5	, 2024	•			
·	(designated individual's name and po	osition) (date)					