APPLICATION FOR VACANCY ADJUSTMENT

Due SEPTEMBER 1, 2026 for Fiscal Year 26-27
Fire Rescue Special Assessment

PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING

AUTHORITY: In accordance with authority granted under Resolution No. 2026-141 (the "Preliminary Rate Resolution") each owner of a Mobile Home Park of Recreational Vehicle (RV) Park property shall be afforded the opportunity to demonstrate, in the manner described below, the vacancy rate in space occupancy within such property and receive a vacancy adjustment to the Fire Rescue Assessment imposed upon such property.

Occupancy means a mobile home, RV, or other structure is occupying the space, whether in use or not.

Recreational Vehicle Park means (1) a place set aside and offered by a person, for either direct or indirect remuneration of the owner, lessor, or operator of such place, for the parking, accommodation, or rental of five or more recreational vehicles or tents; and (2) licensed by the Department of Health of the State of Florida, or its successor in function as a "recreational vehicle park" under Chapter 513, Florida Statutes, as may be amended from time-to-time.

Mobile Home Park Property means (1) a place set aside and offered by a person, for either direct or indirect remuneration of the owner, lessor, or operator of such place, for the parking, accommodation, or rental of five or more mobile homes; and (2) licensed by the Department of Health of the State of Florida, or its successor in function as a "mobile home park" under Chapter 513, Florida Statutes, as may be amended from time-to-time.

REQUIRED INFORMATION: To apply for a vacancy adjustment under the Fiscal Year 26-27 Fire Rescue Special Assessment Program, the applicant shall file with the City this application, under oath, which provides the following required information necessary to demonstrate entitlement to the vacancy adjustment (PLEASE PRINT CLEARLY):

Owner Name:_____

Name of MH or RV Site: _____

Owner Mailing
Address:_____

_____

Owner E-mail Address:

_____

Parcel ID #: _____- _____- _____

Property Physical Address: _____

VACANCY RATE CALCULATION: The vacancy rate for the Fiscal Year 26-27 Fire Rescue Special Assessment Program shall be defined as the percentage of available spaces within a Recreational Vehicle Park or Mobile Home Park that were vacant from **January 1, 2025** through **December 31, 2025** and shall be calculated as follows:

Exact Number of Permitted Sites within the park ____A

(not including overflow areas)

Times (x) Days in Reporting Period (x 365) B

Total Possible Space Nights _____C

A x B = C (Example: 100 sites x 365 days = 36,500)

Actual Space Nights _____D

Sum of Number of Actual Occupied Spaces for Each Day in Calendar Year

Occupancy Percentage _____E

D/C = E (Example: 12,500/36,500 = 34.2%)

Vacancy Rate _____F

Subtract E from 100% (Example: 100% – 34.2% = 65.8%)

APPROVAL PROCEDURE: Eligibility for a Vacancy Adjustment will be determined by the City Manager based on evidence of a vacancy rate provided herein by the Property Owner on or before **SEPTEMBER 1, 2026** for the Fiscal Year 26-27 Fire Rescue Assessment Program.

The City Manager may adjust any Fire Rescue Assessment imposed for the Fiscal Year 26-27 upon a parcel of Mobile Home Park or Recreational Vehicle Park property whose Owner timely and satisfactorily demonstrates by affidavit that such parcel has experienced vacancies by multiplying the Vacancy Rate *(expressed as a decimal)* by the Fire Rescue Assessment attributable to the spaces on the parcel of Mobile Home Park or Recreational Vehicle Park property and reducing the assessment by an equivalent amount.

AFFIDAVIT

Under penalty of perjury, I declare that I have read the foregoing Annual Application, and hereby swear or affirm that the information I have provided in this application, and in any supporting documentation, is true and correct.

_____

Owner Signature

_____

Date

State of Florida
County of Broward

Before me, the undersigned officer, personally appeared, this ____ day of _____, 2026, who being duly sworn, deposes and says that the foregoing is true and correct. He/She ☐ is personally known to me or ☐ has produced a driver's license as identification.

Notary Public My Commission Expires

_____

[NOTARY SEAL]

SUBMIT COMPLETED APPLICATION TO:

City of Pompano Beach

Budget Office

100 West Atlantic Boulevard

Pompano Beach, Florida 33060

or via e-mail to:

Josh Watters, Budget Director: Joshua.Watters@copbfl.com

Liliana Alvarez, Senior Budget Analyst: Liliana.alvarez@copbfl.com