

Okaloosa County

Uncollectible Debt Write-off Form

Date of Request: _____

Requesting Department: _____

Receivable Type: (i.e. Water, EMS) _____

Debtor Name: _____

Debtor Account / Invoice Number: _____

Due Date: _____

Outstanding Balance: _____

Date of Last Payment: _____ or _____ N/A

Amount of Deposit Applied to Balance: _____ or _____ N/A

| | | |
|--|---|--|
| Reason(s) the Account is deemed uncollectible: | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Dept Supervisor |
| | <input type="checkbox"/> Deceased | <input type="checkbox"/> OCWS 1 yr no activity |
| | <input type="checkbox"/> Collection agency return | <input type="checkbox"/> 3 yrs no activity |

| | | |
|---|---|---|
| Documentation attached to indicate department has followed collection procedures: | <input type="checkbox"/> Invoices, Notices | <input type="checkbox"/> Judgement/Settlement |
| | <input type="checkbox"/> Bankruptcy claim | <input type="checkbox"/> Death Certificate |
| | <input type="checkbox"/> Collection agency referral | <input type="checkbox"/> Aged receivable list |

Is the write-off amount over \$50,000 and requires commission approval? YES NO

* By signing this form requesting approval for write-off, I hereby acknowledge that I have taken any and all steps necessary, as outlined in and approved by the collection procedures of our office, to try to collect the outstanding debt listed on this form.

Department Director approval: _____

OMB Director approval: _____

County Administrator approval: _____

BOCC agenda date if over \$50,000: _____