

Request for Allocation

Issued under the authority of the Federal Deficit Reduction Act of 1984 and Executive Order 1984-11 effective September 1, 1984.

You must file this form to apply for allocation against the state ceiling.

Name of Issuer	County	Year in Which the Bond will be Issued
This request for allocation is a: <input type="checkbox"/> New Request <input type="checkbox"/> Amendment to Original Request <input type="checkbox"/> Previously Granted Request Extension Request		
Total Principle Amount of Issue \$	Amount in Excess of Obligation to be Refunded (if refund issue) \$	
Type of Facility (attached description of the facility to be financed)		
Owner of the Facility to be Financed (If known)	Principal Users of the Facility (if known)	
Name of Law Firm Issuing Tax Exempt Opinion	Legal Counsel Name	
Law Firm Address	Telephone Number	
<input type="checkbox"/> No <input type="checkbox"/> Yes Has any previous request been made on behalf of the issuer for the issue? If yes, indicate year _____ <div style="text-align: right;">Sequence Number _____</div>		
<input type="checkbox"/> No <input type="checkbox"/> Yes Are these bonds to be sold at public sale? If yes, attach a copy of the proposed notice of sale.		
<input type="checkbox"/> No <input type="checkbox"/> Yes Have all preliminary proceedings to the publication of the notice of sale been completed?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Are UDAG grants involved in the transaction? Filing deadline: _____		
<input type="checkbox"/> No <input type="checkbox"/> Yes Have TEFRA Hearings been held? If yes, indicate the date: _____		
<input type="checkbox"/> No <input type="checkbox"/> Yes Are you required to get an allocation under current statutes?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Is this application for a housing bond?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Is this application for a Section 501(C)(3) bond?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Is this application for another type of bond? Specify: _____		
<input type="checkbox"/> No <input type="checkbox"/> Yes Will a portion of the bond proceeds be used to fund a debt service reserve? If yes, enter amount here: _____ and demonstrate that no reasonable alternative to assure debt service payment is available or desirable (Attach).		
NOTE: You must attach a copy of an inducement resolution or other comparable preliminary approval AND a written commitment by an investor or underwriter to purchase the bonds.		
I hereby certify that the above information is correct and that I have not made or received any bribe, gift, gratuity or direct or indirect contribution to any political campaign for consideration by the State Treasurer of the allocation request or of the issuer of a request to induce a project and seek allocation. I understand that a change in the facility to be financed, in the issuer, in the year for which the allocation is sought or in the matters certified by the issuer shall invalidate the request until an amended request is filed with the Department of Treasury and shall invalidate any allocation the extent of the change.		
Print Name	Print Title	Telephone Number
Signature		Date
Municipal Address		
INTERNAL USE ONLY	Sequence Number	Date Received

Return this form and all attachments to: <u>US Mail</u> Bureau of State and Authority Finance Department of Treasury State of Michigan 430 W Allegan St Lansing, MI 48922	<u>Overnight Mail</u> Bureau of State and Authority Finance Department of Treasury State of Michigan 7285 Parsons Dr Dimondale, MI 48821
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If you have questions, contact the Michigan Department of Treasury, Bureau of State and Authority Finance at (517) 335-0994.