

State of Missouri

Recovery Zone Bond Notice of Intent to Issue

Date _____
City or County _____
Street Address _____
Telephone _____ Fax _____
Name of Chief Elected Official _____
Name of Authorized Representative (if applicable) _____

Amount of Original Allocation of **Recovery Zone Economic Development Bonds**: \$ _____
Amount of Recovery Zone Economic Development Bonds to be Issued: \$ _____
Estimated Date of Bond Closing: _____
Issuing Entity, if Other than City or County: _____
Amount of Recovery Zone Economic Development Bonds Waived (use Waiver Form): \$ _____
Remaining Amount of Recovery Zone Economic Development Bonds: \$ _____

(Please attach separate page description of project(s) using RZB. Include a description of activities, beneficiaries and numbers of jobs created or retained.)

Amount of Original Allocation of **Recovery Zone Facility Bonds**: \$ _____
Amount of Recovery Zone Facility Bonds to be Issued: \$ _____
Estimated Date of Bond Closing: _____
Issuing Entity, if Other than City or County: _____
Amount of Recovery Zone Facility Bonds Waived (use Waiver Form): \$ _____
Remaining Amount of Recovery Zone Facility Bond Allocation: \$ _____

(Please attach separate page description of project(s) using RZB. Include a description of activities, beneficiaries and numbers of jobs created or retained.)

I hereby certify that the city/county of _____, as duly authorized by its governing body, intends to issue recovery zone economic development bonds or recovery zone facility bonds, as specified above..

Signature _____ Date _____
Chief Elected Official or Authorized Representative

Submit original form to: Missouri Department of Economic Development
Recovery Zone Bonds
301 West High Street, P.O. Box 1157
Jefferson City, Missouri 65102