

State of Missouri
Notice of Waiver of Allocation of Recovery Zone Bond Allocation

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 Waived: \$ _____
Amount of Recovery Zone Economic Development Bonds Issued to Date: \$ _____
Amount of Recovery Zone Economic Development Bonds Previously Waived: \$ _____
Remaining Amount of Recovery Zone Economic Development Bond Allocation: \$ _____

Amount of Original Allocation of **Recovery Zone Facility Bonds**: \$ _____
Amount of Recovery Zone Facility Bonds Waived: \$ _____
Amount of Recovery Zone Facility Bonds Issued to Date: \$ _____
Amount of Recovery Zone Facility Bonds Previously Waived: \$ _____
Remaining Amount of Recovery Zone Facility Bond Allocation: \$ _____

I hereby certify that the city/county of _____, as duly authorized by its governing body, has waived all or a portion of its recovery zone economic development bond allocation or recovery zone facility bond allocation, 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