

# 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