

**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