

Request for Carryforward Allocation

Issued under authority of Public Act 496 of 1988.

Name of issuer		Date
Total principal amount of issue \$	If refund issue, amount in excess of obligation to be refunded \$	Amount requested for carryforward \$

CARRYFORWARD REQUEST DETAILS

Fill in only one project per numbered box.		
Project(s)	Portion of Allocation	Year (carryforward allocation to)
1.		
2.		
3.		
4.		
5.		
Name of legal counsel tax exempt opinion:		Has any previous request been made by or on behalf of the issuer for the issue? <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: You must attach a copy of an inducement resolution or other comparable preliminary approval.		
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.		
Signature		Date
Print Name	Print Title	
Municipal Address		Telephone Number

Return this form and all attachments to:

US Mail

Bureau of State and Authority Finance
Department of Treasury
State of Michigan
430 W Allegan Street
Lansing MI 48922

Overnight Mail

Bureau of State and Authority Finance
Department of Treasury
State of Michigan
7285 Parsons Drive
Dimondale MI 48821

If you have questions, contact the Michigan Department of Treasury, Bureau of State and Authority Finance at (517) 335-0994.