

BEFORE THE BOARD OF TAX APPEALS OF THE STATE OF KANSAS

Industrial Revenue Bond Informational Statement  
(K.S.A. 12-1744a)

APPLICANT:

\_\_\_\_\_  
City or County issuing I.R.B.s

\_\_\_\_\_  
County in which City is located

Please answer all questions. If a question is not applicable, please indicate (N/A).

1. Proposed lessee name and address for whom bonds issued:

Guarantor for Bonds, if any:

Paying (Fiscal) Agent:

Underwriter, if any:

Attorney(s) who issued opinion:

Bond Counsel:

Tenant Counsel:

City Attorney:

Underwriter's Counsel:

(For State of Kansas use only)

IRB Statement No. \_\_\_\_\_ -IRB

Fee: \_\_\_\_\_ Amt Rec. \_\_\_\_\_

Rec. Date: \_\_\_\_\_ Ck # \_\_\_\_\_

2. Will an exemption of the property be requested? Yes\_\_\_\_\_ No\_\_\_\_\_

If exemption will be sought:

- a. Provide the legal description of the property. (If legal description is lengthy, attach additional pages.)
- b. Provide the appraised valuation (not assessed) as listed by the county appraiser of property to be acquired, purchased, etc. as of the next preceding January 1.

Land: \$\_\_\_\_\_

Improvements: \$\_\_\_\_\_

Equipment and Machinery \$\_\_\_\_\_

3. Estimated TOTAL cost of the property:

Land: \$\_\_\_\_\_

Improvements: \$\_\_\_\_\_

Equipment and Machinery \$\_\_\_\_\_

4. If facility financed is an addition or improvement to existing facility already financed by prior IRB issuance, supply following:

Date prior I.R.B.s issued: \_\_\_\_\_

If existing facility exempted, period of exemption: \_\_\_\_\_

Board of Tax Appeals #: \_\_\_\_\_

5. IRB principal amount to be issued: \_\_\_\_\_

6. Please provide the following:

- a. Itemized list of any payments in lieu of taxes.
- b. The amount of any service fee or charges with detailed description of services to be rendered by city for same.
- c. Detailed description of ultimate use of bond proceeds (e.g. acquisition of real estate, remodeling of physical plant) with the amount of IRB proceeds to be used for each purpose.

7. What is the proposed date of issuance of these I.R.B.s? (Must be a least 7 days after receipt of preliminary filing with the Board of Tax Appeals.)

VERIFICATION

I, \_\_\_\_\_, do solemnly swear or affirm that the information set forth herein is true and correct, to the best of my knowledge and belief. So help me God.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name and Title

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

Seal

\_\_\_\_\_  
Signature of Notary Public

My appointment expires: \_\_\_\_\_

---

Send this statement along with the filing fee to:

Kansas Board of Tax Appeals  
Eisenhower State Office Building  
700 SW Harrison, Ste 1022  
Topeka, KS 66603

---