

BEFORE THE COURT 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 next January 1 following the date of this application.

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 of \$500.00 to:

Court of Tax Appeals
Docking State Office Building
915 S.W. Harrison, Ste 451
Topeka, KS 66612-1505
