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MUNICIPAL INFORMATION FORM

- Version #20150123

GENERAL INFORMATION FOR MUNICIPALITY

Legal Name of Lessee:	Primary Contact-Name: Title:	
Address:	Phone Number-Office:	Cell:
City, State, Zip:	Email:	
County:	Second Contact- Name: Title:	
Fed. Tax ID #:	Phone Number - Office:	Cell:
Bond Rating (if applicable):	Email:	
Name of Insurance Carrier/Agent:	Name of Attorney (if any):	
Phone Number:	Phone Number:	
Population Served:	Coverage Area (sq. miles):	# of fleet vehicles:

TRANSACTION INFORMATION

Equipment Description:	Equipment Cost:
Delivery Date:	Down Payment:
# of Payments:	Trade In/ Other:
Payment Frequency: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/>	Amount to Finance:

ESSENTIAL USE & VENDOR INFORMATION

Replacement: Yes No ***if yes, explain what equipment is being replaced. if no, explain why the addition is needed:***

New Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Year (if applicable):	Miles (if used):	
Vendor/Dealer:	Salesperson's Name:	Phone:	Email:

FINANCIAL INFORMATION REQUIRED

If lessee's expenditures exceeded revenues during any of the last 3 years, explain why and describe the actions taken to correct shortfall:

Will the lessee issue more than \$10,000,000 in new tax-exempt debt in this Calendar Year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the lessee defaulted or non-appropriated on a prior lease, bond, or legal obligation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any judgments, liens or bankruptcies on/against the municipality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- **Three (3) most recently completed audits or year-end Financial Statements**
- **If most recent Financial Statement is more than six (6) months ago, provide year-to-date Balance Sheet and Profit and Loss Statement**

Completed By:	Title:	Date:
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I certify everything stated in this form is correct to the best of my knowledge. Lessor is authorized to verify any information on this form with an appropriate third party as necessary to complete the credit review process. Lessor is authorized to contact our insurance to obtain carrier information as part of the credit review process. My signature above authorizes said agent to release this information to CLP. Upon submission of this form, we are committing to work with CLP and acknowledge failure to complete the lease in its entirety may result in a \$500 documentation fee being charged.