



## VOLUNTEER FIRE DEPARTMENT/ RESCUE SQUAD INFORMATION FORM

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Manhattan, KS 66502  
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- Version #20200910

### REQUIRED FINANCIAL INFORMATION

- Three (3) most recently completed 990 tax returns, audits or year-end financial statements
- If the fiscal year-end of the last financial statement is more than 6 months old, provide year-to-date Balance Sheet & Income Statement
- Current Year's Budget (if available) \*\*\*To process the application, return form with the required financial information\*\*\*

### GENERAL INFORMATION FOR MUNICIPALITY

Legal Name of Lessee		Primary Contact Name		Title
Address		Office Phone Number		Cell Phone Number
City, State, Zip		Email		
County	Contracting Municipality(s):		Second Contact Name	Title
Fed. Tax ID #		Office Phone Number		Cell Phone Number
Year VFD/Squad Established		Email		
Name of Insurance Carrier/Agent		Name of Attorney		Phone Number
Phone Number		Attorney Email		
Population Served	Coverage Area (sq. miles)	# of Dept. Members	# of Calls per year	# 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: <input type="checkbox"/> Yes <i>If yes, explain why equipment is being replaced.</i> <input type="checkbox"/> No <i>If no, explain why the addition is needed.</i>			
New Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Year (if applicable):	Miles (if used):	
Vendor/Dealer:	Salesperson's Name:	Phone:	Email:

### OTHER INFORMATION

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 department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed By:	Title: <span style="float: right;">Date:</span>

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.