

REPORT OF ACTION TAKEN
REGARDING THE ISSUANCE OF PRIVATE ACTIVITY BONDS

California Debt Limit Allocation Committee
915 Capitol Mall, Room 311
Sacramento, CA 95814
(916) 653-3255

Please complete and mail form to the above address within **15 days** of issuing private activity bonds. If bonds are issued in December, please complete and mail form within 5 days of such issuance.

1. NAME OF ISSUER: _____
Address/City/State/Zip: _____
Contact Person: _____ Phone: (____) ____ - ____
Title: _____ Fax: (____) ____ - ____
2. ISSUER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER: ____ - _____
3. CUSIP (Committee on Uniform Securities Identification Procedures) NUMBER OF THE BOND WITH THE LATEST MATURITY (if issue does not have a CUSIP, enter "none"): _____
4. MAXIMUM PRINCIPAL AMOUNT: (aggregate face amount): \$ _____
AMOUNT OF CDLAC ALLOCATION USED: \$ _____
AMOUNT OF CDLAC ALLOCATION NOT USED: \$ _____
5. INTEREST RATE OF LONG-TERM BOND (SHORT TERM RATE, IF CONSTRUCTION ONLY):

6. DATE BONDS ISSUED: _____

If the Principal Amount of Bonds Issued is different from the Amount of CDLAC Allocation Used, please briefly explain the difference:
7. NAME OF BOND ISSUE:
8. PROJECT/PROGRAM NAME (identify former name if name has changed since allocation was awarded): _____
9. PRIVATE USER NAME: _____
10. TYPE OF PROJECT: _____
11. COUNTY(S) IN WHICH PROJECT(S) IS/ARE LOCATED: _____
12. CDLAC RESOLUTION NUMBER AWARDED THE ALLOCATION: # ____ - ____
CDLAC APPLICATION NUMBER (shown on Exhibit "A" of Resolution): # ____ - ____

(CONTINUED ON REVERSE PAGE)

Revised 11-16-16

13. PERSON TO BE BILLED FOR CDLAC FEE: _____
Title: _____ Phone: (____) ____ - ____
Firm: _____ Fax: (____) ____ - ____
Address/City/State/Zip: _____

14. UNDERWRITER/PLACEMENT AGENT: _____
Address/City/State/Zip: _____
Contact Person: _____ Phone: (____) ____ - ____
Fax: (____) ____ - ____

15. BOND COUNSEL FIRM: _____
Name of Attorney: _____
Address/City/State/Zip: _____
Contact Person: _____ Phone: (____) ____ - ____
Fax: (____) ____ - ____

16. PERSON COMPLETING FORM (if different from #15 above): _____
Title: _____ Phone: (____) ____ - ____
Firm/Agency: _____ Fax: (____) ____ - ____
Address/City/State/Zip: _____

The undersigned do hereby certify to the accuracy of the information contained herein.

Signature of Issuer's Representative

Signature of Bond Counsel

Print Name of Issuer's Representative

Print Name of Bond Counsel

Date: _____

Date: _____

For CDLAC use only: Agenda _____ Greensheet _____ RAT Docs _____
