

State of Georgia
Notice of Waiver of Allocation of Recovery Zone Bond Allocation

Date: _____

City or County: _____

Address: _____

Telephone: _____ Fax: _____

Name of Chief Elected Official: _____

Name of Authorized Representative (if applicable): _____

Amount of Original Allocation of **Recovery Zone Economic Development Bonds**: \$ _____

Amount of Recovery Zone Economic Development Bonds Waived: \$ _____

Amount of Recovery Zone Economic Development Bonds Issued to Date: \$ _____

Amount of Recovery Zone Economic Development Bonds Previously Waived: \$ _____

Remaining Amount of Recovery Zone Economic Development Bond Allocation: \$ _____

Amount of Original Allocation of **Recovery Zone Facility Bonds**: \$ _____

Amount of Recovery Zone Facility Bonds Waived: \$ _____

Amount of Recovery Zone Facility Bonds Issued to Date: \$ _____

Amount of Recovery Zone Facility Bonds Previously Waived: \$ _____

Remaining Amount of Recovery Zone Facility Bond Allocation: \$ _____

I hereby certify that the city/county of _____, as duly authorized by its governing body, has waived all or a portion of its recovery zone economic development bond allocation or recovery zone facility bond allocation, as specified above. (Resolution of governing body waiving volume cap allocation must be attached.)

Signature _____
Chief Elected Official or Authorized Representative

Date _____

Submit original form to: Georgia Department of Community Affairs
Bond Allocation Manager
60 Executive Park South, NE
Atlanta, GA 30329