MAIL TO: Georgia Department of

COMMUNITY AFFAIRS

60 Executive Park South, N.E. Atlanta, Georgia 30329-2231

Attention: Bond Allocation Manager

CARRYFORWARD ELECTION APPLICATION

GEORGIA ALLOCATION SYSTEM

1. Issuer:	2. Owner/Operator/Manager:
a	a
Name of Authority	Name
bAddress	b
c City County State Zip Code	c City County State Zip Code
d. () Telephone	d. ()
reiepnone	relephone
3. Bond Counsel:	4. Application Attachments: DCA
	□Copy of Inducement Resolution Use
a Name	□Opinion of Legal Counsel-State Law
	□Oninion of Legal Counsel-Federal Law
bAddress	□ 250 Carryforward Application Fee
C	□Notice to Book Bond Allocation
City County State Zip Code	
d. ()	
Telephone	5. Carryforward Amount Requested:
	\$
C. Description of Brainst.	
6. Description of Project:	
7. Owner/Issuer Certification: The Information contained in this Carryforward Election Application and related	
attachments are intended to be true and accurate.	
Signature (Owner)	Signature (Issuer)
Signature (Owner)	Oignataro (roduci)
	Title
Title	riue
	Data
Date	Date