

Municipal Lease/Purchase Information Needed For Approval

In order for us to expedite your Lease/Purchase requests, **all fields must be completed.**

Municipality Name

Street address

Address (cont.)

City

State/Province

Zip/Postal code

County

Contact First name

Contact Last name

Title

Municipal Officer executing the Lease

Phone

FAX

E-mail

URL

Section 2. EQUIPMENT:

Description

Division Using Equipment

Location of Equipment

Is it essential to the function of the Municipality? Yes No (Please circle)

How many years will it be used?

What is the cost of the equipment?

Enter the approximate delivery date if known. *mm/dd/yy*

Supplier

Supplier Contact

Phone

FAX

E-mail

URL

Section 3. TRANSACTION DETAILS

Municipality Bond Rating.

Lease Term in Years?

Payment Structure

Delivery Date *mm/dd/yy*

Advance Payments

Arrears Payments

Competition

Copy of Annual Report is required under separate cover.

Please indicate in the space below when we can expect the report