

MUNICIPAL LEASE APPLICATION

Please fully complete the following information and fax to: 612-395-5235



Legal Name of Lessee: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Federal Tax ID #: _____

Total Cost of Equipment including Shipping & Installation: \$ _____

Requested Term: 24 months 36 months 48 months 60 months other

Payment Mode: Monthly Quarterly Semi-Annually Annually Advance Arrears

Anticipated Delivery Date: _____

Equipment Description: _____

What is the purpose of the proposed equipment acquisition? _____

Why is the equipment essential? _____

Source fund for the lease payments is: _____

The appropriations for this project have been Submitted Approved *for the current year.*

Have you ever been in Default or Non-Appropriated on any prior Lease? Yes No

Will you borrow More Less than \$10,000,000.00 in total new borrowing during this calendar year?

Person **signing** documents is: _____ Title: _____

Person **authorizing signatory** to execute documents is: _____

Their **Title** is: Clerk Secretary of the Board President of the Board Other (_____)

Please fax a copy of your last two years audited financial statements and a copy of your current budget. Fax 612-395-5235

Completed by: _____ **Title:** _____