

**ATLANTIC COUNTY IMPROVEMENT AUTHORITY (ACIA)**  
**2015-2016 POOLED EQUIPMENT CAPITAL LEASE PROGRAM**  
**SURVEY SHEET**

The results of this survey will enable ACIA to determine if there is sufficient interest in a pooled equipment financing program and if we can structure a program to meet the needs of potential participants. Your response is for our information and does not represent a commitment to participate.

Municipality: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE FILL IN THE TABLE BELOW**

|     | NUMBER AND DESCRIPTION OF EQUIPMENT TO BE LEASED/<br>PURCHASED | USEFUL LIFE | ESTIMATED COST |
|-----|--|-------------|----------------|
| 1.  |  |             |                |
| 2.  |  |             |                |
| 3.  |  |             |                |
| 4.  |  |             |                |
| 5.  |  |             |                |
| 6.  |  |             |                |
| 7.  |  |             |                |
| 8.  |  |             |                |
| 9.  |  |             |                |
| 10. |  |             |                |
| 11. |  |             |                |
| 12. |  |             |                |
| 13. |  |             |                |
| 14. |  |             |                |
| 15. |  |             |                |
| 16. |  |             |                |
| 17. |  |             |                |
| 18. |  |             |                |
| 19. |  |             |                |
| 20. |  |             |                |

**LOCAL COUNSEL**

Name:

Firm:

Address:

Phone:

Fax:

Email:

**BOND COUNSEL**

Name:

Firm:

Address:

Phone:

Fax:

Email:

**PLEASE FORWARD ALL COMPLETED SURVEY SHEETS TO:**

John Lamey, Executive Director  
Atlantic County Improvement Authority  
1333 Atlantic Avenue, 7<sup>th</sup> Floor  
Atlantic City, NJ 08401  
By fax to 609-343-2188 or by e-mail to [lamey\\_john@aclink.org](mailto:lamey_john@aclink.org)