

**ATLANTIC COUNTY IMPROVEMENT AUTHORITY
2015-2016 FIXED RATE POOLED LOAN PROGRAM
INFORMATION FOR FINANCIAL MODEL**

(1) PRIMARY CONTACT

Name:

Title:

Address:

Phone:

Fax:

Email:

(2) LOCAL COUNSEL

Name:

Firm:

Address:

Phone:

Fax:

Email:

(3) BOND COUNSEL

Name:

Firm:

Address:

Phone:

Fax:

Email:

(6) INDICATE ANY DESIRED MATURITY SCHEDULES:

- Length of Maturity
- Principal Repayment Conforming or Non-Conforming to Local Bond Law
 - Level Debt Service
 - Wrapped Around Existing Debt Service
 - Any Other Desired Structure

(7) PLEASE FORWARD A COPY OF YOUR 2014 AUDITED FINANCIAL STATEMENTS (IF AVAILABLE) AS WELL AS YOUR ANNUAL DEBT STATEMENT FILED IN JANUARY 2015.

(8) PLEASE FORWARD ALL COMPLETED FORMS AND DOCUMENTS TO:

John Lamey, Executive Director
Atlantic County Improvement Authority
1333 Atlantic Avenue, 7th Floor
Atlantic City, NJ 08401
By fax to 609-343-2188 or by e-mail to lamey_john@aclink.org

****Please do not hesitate to contact us with any questions and please remember that the submission of this form does not represent a commitment to participate****