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MUNICIPAL INFORMATION FORM

- Version #20200512

REQUIRED FINANCIAL INFORMATION

- Three (3) most recently completed audits, tax returns, or year-end financial statements
- If the fiscal year-end of the last audit is more than 6 months old, provide year-to-date Balance Sheet & Income Statement
- Current Years' Budget

To process the application, return form with the **required** financial information

GENERAL INFORMATION FOR MUNICIPALITY

Legal Name of Lessee		Primary Contact Name		Title	
Address		Office Phone Number		Cell Phone Number	
City, State, Zip		Email			
County		Second Contact Name		Title	
Fed. Tax ID #		Office Phone Number		Cell Phone Number	
Bond Rating (if applicable)		Email			
Name of Insurance Carrier/Agent		Name of Attorney		Phone Number	
Phone Number		Do you self-insure for property and/or liability insurance?		Attorney Email	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Population Served		Coverage Area (sq. miles)		Number of fleet vehicles	

TRANSACTION INFORMATION

Equipment Description:		Equipment Cost:	
Delivery Date:		Down Payment:	
# of Payments:		Trade In/Other:	
Payment Frequency:		Amount to Finance:	
Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/>			

ESSENTIAL USE & VENDOR INFORMATION

Replacement: <input type="checkbox"/> Yes <i>If yes, explain why equipment is being replaced.</i> <input type="checkbox"/> No <i>If no, explain why the addition is needed:</i>			
New Equipment:		Vehicle Year (if applicable):	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Miles (if used):			
Vendor/Dealer:		Salesperson's Name:	
Phone:		Email:	

OTHER INFORMATION

If lessee's expenditures exceeded revenues during any of the last 3 years, explain why and describe the actions taken to correct shortfall:			
Will the lessee issue more than \$10,000,000 in new tax-exempt debt in this Calendar Year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the lessee defaulted or non-appropriated on a prior lease, bond, or legal obligation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any judgments, liens or bankruptcies on/against the municipality?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed By:		Title:	Date:

I certify everything stated in this form is correct to the best of my knowledge. Lessor is authorized to verify any information on this form with an appropriate third party as necessary to complete the credit review process. Lessor is authorized to contact our insurance to obtain carrier information as part of the credit review process. My signature above authorizes said agent to release this information to CLP. Upon submission of this form, we are committing to work with CLP and acknowledge failure to complete the lease in its entirety may result in a \$500 documentation fee being charged.