

**STATE OF FLORIDA, DIVISION OF BOND FINANCE  
ISSUANCE REPORT PURSUANT TO SECTION 159.805(5) (a), FLORIDA STATUTES**

Division Serial No.: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_

Name of Bonds: \_\_\_\_\_

Dated Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Bond Rating(s): \_\_\_\_\_ Not Rated   
(Include name(s) of Rating Agencies and Bond Rating(s). If bonds are not rated, check box at right.)

Par Amount of Bonds:	\$ _____	Amount of bond proceeds distributed at issuance:
Allocation Received:	\$ _____	\$ _____
Allocation Utilized:	\$ _____	
Excess Allocation:	\$ _____	

Is there an unfilled allocation request pending for these Bonds? Yes \_\_\_ No \_\_\_

If yes, select one of the following: We wish to –

- \_\_\_ cancel our pending request and any excess allocation.
- \_\_\_ cancel our pending request and retain the excess allocation until its expiration date.
- \_\_\_ remain on the pending list for the unfunded amount of our request and to retain any excess allocation until its expiration date.

If no, and there is excess allocation remaining after issuance, select one of the following: We wish to –

- \_\_\_ cancel the excess allocation.
- \_\_\_ retain the excess allocation until its expiration date.

*Note: The Division of Bond Finance will not issue its Final Confirmation of Allocation for an Issuance from Current Year Allocation until it has been determined that bonds amounting to at least 90% of all allocation received to date **and** allocation granted pursuant to pending requests have been issued.*

Check one: \_\_\_ Public Offering \_\_\_ Private Placement

Check one: \_\_\_ Single Family \_\_\_ Multifamily (# of units \_\_\_\_\_)

\_\_\_ Manufacturing (product: \_\_\_\_\_)

\_\_\_ Other (specify: \_\_\_\_\_)

Project Sponsor or Private Borrower (if applicable):

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

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

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

Contact Person: \_\_\_\_\_

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

Bond Counsel

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

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

Senior Underwriter or Private Placement Agent

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

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

Submitted by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(typed or printed name) (role; i.e., issuer, bond counsel, F.A., etc.) (telephone or e-mail)