
**REQUEST FOR PROVISIONAL APPROVAL
OF THE
COUNCIL OF BOND OVERSIGHT**

The undersigned applicant ("Applicant") hereby requests the Council of Bond Oversight to grant provisional approval of the following described proposed obligation of the Applicant. References: 62 O.S. Section 695.1 *et seq.* and the Administrative Rules of the Council of Bond Oversight.

I hereby certify that the following information is true and correct to the best of my knowledge and belief.

Signature of Authorized Official: _____ Date: _____

Printed Name and Title: _____

Description of the Issuer and the Proposed Issue

Issuer name: _____

Issuer address, telephone, point of contact:

Anticipated amount of obligations to be issued: _____

How and date authorized (include any legislative approval and governing board approval):

Anticipated sale date: _____ Anticipated closing or delivery date: _____

Expected term to maturity of the proposed issue: _____

Was any temporary debt issued in anticipation of this obligation? If so, describe: _____

Type of obligations and structure – indicate all that apply:

Bond or Note: _____ Taxable or Tax-exempt: _____

Variable or Fixed Rate: _____ Refunding or New Capital: _____

Negotiated Sale, Competitive Sale or Private Placement: _____

Other (describe): _____

Is this financing to be temporary or permanent? _____

List anticipated prospective financings anticipated after this issue, including refunding:

Professionals Hired and Quoted Fees and Expenses:

UNDERWRITER: _____

Takedown	\$ _____	\$ _____/\$1,000
Management	\$ _____	\$ _____/\$1,000
Risk	\$ _____	\$ _____/\$1,000
Expenses	\$ _____	\$ _____/\$1,000
TOTAL	\$ _____	\$ _____/\$1,000

BOND COUNSEL: _____

Fee	\$ _____	Expenses	\$ _____	TOTAL	\$ _____
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SPECIAL TAX COUNSEL: _____

Fee	\$ _____	Expenses	\$ _____	TOTAL	\$ _____
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TRUSTEE: _____

Commitment Fee	\$ _____	Expenses	\$ _____
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Annual Fee: \$ _____ or as % of outstanding principal balance: _____

FINANCIAL ADVISOR: _____

Fee	\$ _____	Expenses	\$ _____	TOTAL	\$ _____
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OTHER (Provide name of firm): _____

Service Provided:	_____	Fee:	\$ _____	Expenses:	_____
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OTHER (Provide name of firm): _____

Service Provided:	_____	Fee:	\$ _____	Expenses:	_____
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OTHER (Provide name of firm): _____

Service Provided:	_____	Fee:	\$ _____	Expenses:	_____
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PROJECT INFORMATION

Provide a detailed description of the project(s). Address whether capital facilities are to be constructed or acquired; services to be provided; or products to be developed, produced, manufactured. Explain the nature, need and purpose of the project(s).

OUTSTANDING OBLIGATIONS

Attach schedules detailing the annual and total debt service for all long-term **and** short-term obligations that are secured by the same source of funds as the proposed issue (include both parity bonds and any subordinated obligations secured by these funds). Provide the name and description of each issue, the annual and total debt service for each and whether any are backed by the credit of the State of Oklahoma.