Print Form

NOTICE OF WAIVER

Mail to:
KENTUCKY PRIVATE ACTIVITY BOND ALLOCATION COMMITTEE
702 Capitol Avenue, Suite 76
Frankfort, KY 40601
(502) 564-2924

County/Municipality: _____

Address: _____

City: _____

Contact: _____

Waivers:	$ Amount
☐ **Qualified Energy Conservation Bonds("QECB")**	_____
☐ **Recovery Zone Economic Development Bonds("RZEDB")**	_____
☐ **Recovery Zone Facility Bonds("RZFB")**	_____
☐ **All applicable Recovery Zone and QECB Bonding Authority**	

The undersigned certifies that they are authorized to effect this waiver on behalf of the county/municipality relinquishing bonding authority.

_____
Signature of Authorized Representative

_____
Printed Name of Authorized Representative

_____
Title

_____
Date

WAIVER CERTIFICATION

The undersigned, Executive Director of the Office of Financial Management, hereby certifies that he is the state official designated by state law as staff to the Kentucky Private Activity Bond Allocation Committee and that the above waiver request has been duly processed and recorded.

Witness my hand this _____ _____
Executive Director
Office of Financial Management