

## SPECIAL PURPOSE DISTRICT NOTIFICATION FORM

1. Legal Name of District: \_\_\_\_\_
2. County: \_\_\_\_\_
3. Permanent Address: \_\_\_\_\_  
(If no permanent address, please list telephone number, name and address of agent)
4. Telephone number: \_\_\_\_\_
5. Service Provided: \_\_\_\_\_
6. Contact Person and Telephone Number: \_\_\_\_\_
7. General Description of Geographical Boundary: \_\_\_\_\_  
\_\_\_\_\_  
(Attach Legal Description)
8. Citation of Statutory Authority: \_\_\_\_\_  
(Attach copy)
9. Date of Origin: \_\_\_\_\_
10. Tax Rate or Fee Charged: \_\_\_\_\_
11. Names of Members of Governing Body and Terms in Office:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Method of Selecting Members of Governing Body: \_\_\_\_\_
13. Financial Information for prior fiscal year (Please identify year):
  1. Total revenue by source, including investment earnings:
  2. Total Expenditures:
  3. Total Indebtedness (indicate bonded or otherwise):
  4. Total Investments (individual amounts, location, rate):
14. Person Completing Form: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address and Telephone Number: \_\_\_\_\_  
Signature of County Auditor: \_\_\_\_\_  
Date: \_\_\_\_\_

**PLEASE ATTACH ADDITIONAL PAGES WHERE NECESSARY**

## **FILING INSTRUCTIONS**

1. This form must be filed at both:
  - o Your County Auditor's Office
  - o Office of The Secretary of State  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201
2. This form must be received by the office of the Secretary of State and your county auditor's office by December 31st of each NUMBERED year.