

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.