The Commonwealth of Massachusetts

Municipal Finance Oversight Board

# Consent Judgment Bond Authorization Application

Relative to your request, please provide an electronic copy of the following information at least 10 days prior to the scheduled Municipal Finance Oversight Board meeting:

* 1. A written request for a hearing
* 2. A cover letter explaining need for approval
* 3. Completed Consent Judgment Bond Questionnaire
* 4. A certified copy (sealed by clerk) of the article(s) and vote(s) of the town meeting, city council, district vote (including members’ votes or certifications that no meetings were held). Also send any special election, override or exemption votes.
* 5. Copy of credit report(s)
* 6. Copy of most recent official statement
* 7. Debt schedule
* 8. Motion from bond counsel

For any questions, please call (857) 242-5470 or write to:

Municipal Finance Oversight Board Office of the State Auditor

One Winter Street, 9th Floor Boston, MA 02108

DL.MFOB@MassAuditor.gov

# MUNICIPAL FINANCE OVERSIGHT BOARD CONSENT JUDGMENT BOND QUESTIONNAIRE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Questionnaire for: | Insert City/Town/District Name | | | |  |  |
| 1. List City/Town/District officials (i.e. mayor, council, selectmen, treasurer, auditor, superintendent) | | | | | | |
| Insert name of official and title | | Insert name of official and title | | | | |
| Insert name of official and title | | Insert name of official and title | | | | |
| Insert name of official and title | | Insert name of official and title | | | | |
| Insert name of official and title | | Insert name of official and title | | | | |
| Insert name of official and title | | Insert name of official and title | | | | |
| Insert name of official and title | | Insert name of official and title | | | | |
| 2. County | Select county |  | City/Town Population | Enter population | | |
| 3. Total budget for present fiscal year | |  | Enter FY | Enter total budget | |  |
| 4. Total outstanding debt as of Click here to enter a date | | Enter total outstanding debt | | |  |  |
| 5. Authorized, unissued debt as of Click here to enter a date | | Enter authorized, unissued debt | | | |  |
| 6. Current fiscal year debts service | |  | Enter FY | Enter debt service | |  |
|  |  |  | Principal: | Enter amount | Interest: | Enter amount |
| 7. Debt service excluded from levy | | Enter debt service excluded from levy | | | |  |

|  |  |  |
| --- | --- | --- |
| 8. Bond rating and date received | Enter bond rating | Click here to enter a date |
| 9. Bond rating and date received | Enter bond rating | Click here to enter a date |
| 10. Equalized valuation | Enter equalized valuation |  |
| 11. Estimated Cost of Issuance | Enter estimated cost of issuance | |

**MUNICIPAL FINANCE OVERSIGHT BOARD CONSENT JUDGMENT BOND APPLICATION**

Click here to enter a date

The Enter the name of the City, Town, or Regional District hereby requests the Municipal Finance Oversight Board’s authorization, provided under M.G.L. Chapter 44, § 7(3), to issue consent judgment bond(s). Such action has been approved by Enter the name of the Council, City Manager, Mayor, Selectmen or Regional Committee at their meeting on Click here to enter a date.

We authorize the Board to commence with the prescribed investigation or take any other appropriate action as required by M.G.L. Chapter 44, § 7(3). The cost of such investigation or other related action will be paid by us. We acknowledge that we are familiar with all of the provisions of Massachusetts law that apply to judgment bonds and will adhere to all of their provisions.

|  |  |
| --- | --- |
| Amount of Proposed Bond(s) | Insert amount of proposed bond(s) |
| Term Requested | Insert term requested |
| Purpose(s) of Bond Issue | Insert purpose(s) of bond issue |

Submitted by,

Insert Name and Title