

Municipal / Government Lease Application

VENDOR _____ Phone _____

MUNICIPALITY INFORMATION

Full Legal Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Department: _____ Fed. ID Num. _____

Tax Exempt # _____ Type of Gov. Agency: _____ (IE. City Government, County, State, Federal.)

BANK ACCOUNT

Bank: _____ Contact: _____ Phone _____

GOVERNING BODY, THAT WILL APPROVE AND AUTHORIZE THIS LEASE: (City council, county council, safety board, parks board, trustee, etc.)

PERSON AUTHORIZED TO SIGN LEASE: _____ Title: _____

ATTORNEY (S) NAME: _____ Phone: _____

FUND THAT PAYMENT WILL BE MADE FROM: _____

EQUIPMENT OR VEHICLE DESCRIPTION

_____ New Used Price w/o Tax \$ _____

Term _____ Mo. Payment Schedule: _____ Monthly, beginning _____

_____ Annually, beginning _____

_____ Semi Annually, beginning _____

_____ other (explain) _____

DATE _____ SIGNED X _____ TITLE _____