

**SOUTH CAROLINA
SECRETARY OF STATE**

MUNICIPALITIES DIVISION

SPECIAL PURPOSE DISTRICT NOTIFICATION FORM

Filing Instructions

- Every Special Purpose District must submit this form to the Secretary of State by December 31st of every even numbered year. Failure to file this form could lead to a declaration that the special purpose district is inactive and a suspension of county funding to the district.
 - Please contact our office with any questions regarding this form at 803-734-1790 or email spd@sos.sc.gov.
 - We do not accept this filing by fax or email; you may deliver by hand or mail to South Carolina Secretary of State, Attn: Municipalities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.
 - Please type or print clearly.
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Legal Name of Special Purpose District

SPD#

1. Physical address: _____
Street Address, City, State, Zip Code

2. If you do not have a physical address, please provide the name, address and telephone number of your registered agent:

Registered Agent Name

Street Address, City, State, Zip Code

3. Person completing this form:

Name

Phone

Email

Address, City, State, Zip Code

4. Describe services provided:

5. Tax rate or fee charged (attach a separate sheet if necessary):

6. Date the Act or Ordinance passed that created your special purpose district: _____

7. Citation of statutory authority: _____

If this is your first registration with the Secretary of State's Office, you are required to provide a copy of the Act or Ordinance that created your special purpose district.

If there have been any amendments to the Act or Ordinance that created your special purpose district since your last registration with the Secretary of State's Office, please include a copy.

8. General description of geographical boundary of service area:

If this is your first registration with the Secretary of State's Office, you are required to provide a copy of the legal description of your geographical service area boundaries.

If there have been any amendments to the boundaries of the service area since your last registration with the Secretary of State's Office, please include a copy.

9. Counties in which the district is located: _____

10. Method of selecting members of governing body: _____

11. Names of members of governing body and terms of office (attach a separate sheet if necessary):

<u>Name</u>	<u>Title</u>	<u>Term Ends</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Summary

Financial Information for Fiscal Year _____ to _____
(mo/day/year) (mo/day/year)

Total Revenue: _____ Total Expenses: _____

Total Debt: _____

(Provide an itemization of debts below; attach a separate sheet if necessary).

<u>Debts</u>	<u>Bonded</u> (Yes or No)	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Investments: _____

(Itemize investments below; attach a separate sheet if necessary).

<u>Institution Where Held</u>	<u>Interest Rate</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Auditor(s) Signature

Per S. C. Code Section 6-11-1620(C), the auditor of the county in which the special purpose district is located must inspect and sign the notification form. If the district listed two counties in Item 9 above, the auditor of the second county must also sign below.

Signature of County Auditor:

Auditor's Name: _____

Signature of Auditor: _____

Name of County: _____

Date: _____

Signature of County Auditor of Second County (if applicable):

Auditor's Name: _____

Signature of Auditor: _____

Name of County: _____

Date: _____