



**COOK COUNTY TOWNSHIP SCHOOL DISTRICT TREASURER'S BOND**

**Special Purpose Bond Application**

1) **TOWNSHIP INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2) **LOSSES:** Has the Township ever made claim against a surety or fidelity bond? Yes  No   
If yes, please attach a full description of the situation and the amount of any payment.

3) **FINANCIALS:** a) Does the Township have an investment counselor? Yes  No   
If yes, who? \_\_\_\_\_  
b) Does the Township invest in a liquid assets fund? Yes  No   
If yes, which fund? \_\_\_\_\_

4) **TOWNSHIP TREASURER INFORMATION:**

Name: Mr. / Ms. / Dr. \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Has this person ever been charged with any kind of criminal offense? Yes  No   
If yes, please attach a description.

5) **REQUEST:**

a) Issue New Bond Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
b) Continue Existing Bond # \_\_\_\_\_ Anniversary Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
c) Amend Existing Bond # \_\_\_\_\_ Date of Change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Change Bond Amount: From \_\_\_\_\_ to \_\_\_\_\_  
 Change Township Treasurer: From \_\_\_\_\_ to \_\_\_\_\_  
 Other Change: \_\_\_\_\_

6) **SPECIAL PURPOSE BORROWING:**

a) **Date of Township Approval:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Must be filled in)  
b) **Purpose of Special Borrowing:**  Construction  Working Cash  
 Life Safety  Other (Description): \_\_\_\_\_  
c) Total Amount Borrowed: \$ \_\_\_\_\_  
d) Amount Used To Date: \$ \_\_\_\_\_  
e) Remaining Amount: \$ \_\_\_\_\_  
f) **\*Bond Amount Requested:** \$ \_\_\_\_\_  
The amount of the bond(s) shall be 25% of the amount of such bond(s) issued, adjustable only by the Regional Superintendent of Schools or the School Board of the Township.  
\*All Special Purpose Borrowings Treasurer's Bonds are subject to a \$600 minimum premium.

7) **SIGNATURES:**

Township School Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Township School Trustee: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print Trustee Name: Mr. / Ms. / Dr. \_\_\_\_\_

Warranty: The applicant warrants that the above statements and facts are true and that no material facts have been suppressed or misstated.