

Adverse Debt Event Reporting Form

Notice of Covenant Violation

This form is pursuant to and authorized by Tenn. Code Ann. § 9-21-134(d) and Tennessee State Funding Board Guidelines for debt reporting by public entities.

Complete the following form. Email the completed form **and** a copy of the official statement or other document containing covenants to <u>LGF@cot.tn.gov</u>.

Step 1: Entity Name and Address				
Enter Entity Name →				
Street Address / P.O. Box →				
City, State, Zip Code 🗲				

Step 2: Contact Information				
The authorized entity representative is meant to be the main contact our office can speak with on issues pertaining to the entity or referenced debt. For example, Chief Operating Officer, Chief Financial Officer, Counsel, Financial Advisor, etc.				
	Au	thorized Entity Representative	Form Preparer	
Name 🗲				
Title →				
Firm (or Gov) →				
Phone →				
Email →				
Step 3: Information on Debt Issue pertaining to Violation				
Name of Debt 🗲				
Type of Debt 🗲				
Security →				

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Original Amount 🗲					
Indicate Interest Type 🗲	Fixed	Variable			
Call Date →					
Has Put Option? \rightarrow	Yes	No			
Dated Date 🗲					
Closing Date 🗲					
	Step 4: Information on Covenar	nt Violation(s)			
Violated Covenant(s) →					
Plan(s) to Correct →					
	Step 5: Additional Comments	(Optional)			
The field below is o	The field below is optional. If no additional comments are available, leave the field below blank.				
Step 6: Signatures					
If completing the form electronically, click within the applicable signature box and type your name.					
	Authorized Representative	Preparer			
Signature →					
Date →					