

**MISSISSIPPI DEVELOPMENT BANK  
MODIFICATION REQUEST**

**GOVERNMENT INFORMATION**

**NAME AND ADDRESS OF GOVERNMENT  
UNIT:**

**NAME & SERIES OF BOND ISSUE:**

**COUNTY LOCATION:  
CITY LOCATION:**

**DATED:**

**REQUEST**

**DESCRIPTION OF REQUEST/ACTION:**

**HAS REQUEST BEEN APPROVED BY LOCAL  
GOVERNMENT UNIT?**

\_\_\_ YES \_\_\_ NO

**ANTICIPATED DATE TRANSACTION TO OCCUR:**

**IS SWAP INVOLVED? \_\_\_ YES \_\_\_ NO PLEASE EXPLAIN:**

**BOND COUNSEL:**

Contact:  
Name & Address:

Phone Number:

**HAS THIS PROJECT RECEIVED  
OTHER FINANCING THROUGH  
MDB**

\_\_\_ YES \_\_\_ NO

If yes, Describe:

**OTHER:**

**DATE OF BOARD MEETING:**

DATE OF INDUCEMENT: \_\_\_\_\_

DATE DOCUMENTS ADOPTED: \_\_\_\_\_