



Request for Volume Cap Extension

Email completed form to program.manager@azfinanceauthority.com prior to Volume Cap expiration date. Requests will be considered received at the beginning of the day they were emailed so long as the Request is in order. This Request and the confirmation shown below are intended to comply with Section 146 of the Internal Revenue Code of 1986, as amended.

Project ID (as provided in original application confirmation): _____

Applicant (Issuer, Bond Counsel, or other Interested Party)

Company:
Contact:
Title:
Address:

Work Phone:
Cell Phone:
E-mail:

Amount of Volume Cap needing to be extended: \$ _____

Reason extension is needed:

Describe any changes to details provided in the original Volume Cap request:

Signature: _____ **Date:** _____

To be completed by the Arizona Finance Authority

Confirmed Allocation Amount to be Extended: \$ _____ Extension Expiration Date: _____

Program Manager (Signature): _____ Date: _____