

SOUTH CAROLINA SECRETARY OF STATE

BOARDS AND COMMISSIONS 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 spd@sos.sc.gov.
 - You may mail your completed form to: South Carolina Secretary of State's Office, Attn: Special Purpose Districts, 1205 Pendleton Street, Suite 525, Columbia, SC 29201.
 - Please type or print clearly.
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Legal Name of Special Purpose District

SPD#

1. Physical street address of the Special Purpose District:

Address, City, State, Zip Code

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

Registered Agent's Name

Address, City, State, Zip Code

2. Contact person completing this form:

Name

Phone

Email Address

Address, City, State, Zip Code

3. Briefly describe services provided: (IE: water services, sewer services, etc.)

4. Tax rate or fee charged, if applicable: (Attach a separate sheet if necessary.)

5. Date the Act or Ordinance passed that created the Special Purpose District: _____

6. Statute(s) that granted the Special Purpose District 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.*

7. General description of geographical boundary of service area: (IE: county, town, etc.)

**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.*

8. County/Countries in which the Special Purpose District is located: _____

9. Method of selecting members of governing body: (IE: Election, Appointment, etc.) _____

10. Members of the governing body: (Attach a separate sheet if necessary.)

<u>Name of Member</u>	<u>Title</u>	<u>Term Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Purpose District Financial Summary

Financial Information for Fiscal Year: ____/____/____ to ____/____/____

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: \$_____

(Provide an itemization of investments below; Attach a separate sheet if necessary).

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

Inspecting Auditor(s)

Pursuant to 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 more than one county for question #8, the auditor of the additional county must also inspect and sign.

Inspecting County Auditor:

Auditor's Name: _____

Signature of Auditor: _____

Name of County: _____

Date: _____

Inspecting County Auditor of Additional County (if applicable):

Auditor's Name: _____

Signature of Auditor: _____

Name of County: _____

Date: _____