



Direct Lease Program Questionnaire

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|-------------------------------|--|
| City _____ | Amount Requested \$ _____ |
| Address _____ _____ | |
| Contact _____ | |
| Title _____ | Term Requested _____ months |
| Phone _____ | Equipment Delivery Date ____/____/____ |
| Fax _____ | |
| Email _____ | |

Equipment Description

Requested Terms / Structure

| | |
|---|---|
| <u>Lease Payments to be payable:</u> | <u>Payment Instructions:</u> |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Pay Vendor |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Reimburse City |
| <input type="checkbox"/> Annually | <input type="checkbox"/> Escrow Fund |
| <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Other: _____ |

First Payment Due: (1st or 15th)

Submitted: ____/____/____