



ANNUAL ENHANCED ENTERPRISE ZONE ACTIVITY AND STATUS REPORT

FOR REPORTING PERIOD JULY 1, 2016 TO JUNE 30, 2017

NAME OF ENHANCED ENTERPRISE ZONE		ZONE #			
NAME OF PERSON COMPLETING FORM		PHONE NUMBER	EMAIL		
Please Ensure The Contact Information is Completed – It Will Be Added To Our Website For Your Zone					
PRIMARY EEZ ADMINISTRATOR (CONTACT PERSON)		TITLE OF ADMINISTRATOR			
PHONE NUMBER	EMAIL	WEBSITE			
ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)					
PLEASE PROVIDE THE GOVERNING AUTHORITY CONTACT INFORMATION WITHIN THE ZONE (e.g. Commissioners / Mayors)					
NAME OF CONTACT	TITLE	EMAIL	PHONE NUMBER		
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			()		
			()		
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE EEZ BOARD MEMBERS:					
NAME	TITLE	EMAIL	PHONE	TERM EXPIRATION	
	School Board Member				
	Other Taxing Districts				
	Chairman				
HAS THE EEZ TAX ABATEMENT ORDINANCE BEEN CHANGED? (If YES, please send a copy with this form)				YES	NO
ATTACH ADDITIONAL SHEETS IF NECESSARY					
I. BUSINESSES LOCATED WITHIN THE ENHANCED ENTERPRISE ZONE WHICH EXPANDED DURING THE REPORTING PERIOD					
# EXISTING BUSINESSES	# NEW BUSINESSES	# RECEIVING TAX CREDITS	# RECEIVING ABATEMENT	# NEW JOBS	\$ REAL INVESTMENT
DATE	SIGNATURE				