

**Office of the South Carolina  
Secretary of State  
Mark Hammond**

**Please return form to:**  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201

Phone: (803) 734-1790  
Fax: (803) 734-1604  
Email [spd@sos.sc.gov](mailto:spd@sos.sc.gov)

**SPECIAL PURPOSE DISTRICT NOTIFICATION FORM**

*Every Special Purpose District should submit this form to the Secretary of State by December 31 of every even-numbered year.  
Please fax, mail or email the form to the Office of the Secretary of State at the address listed above.  
Failure to file this form could lead to a declaration that special purpose district is inactive and  
to a suspension of county funding to the District.*

1. Legal Name of District: \_\_\_\_\_

Special Purpose District Number: \_\_\_\_\_

*This number can be found in the email or letter sent by this Office to remind the District to file.*

2. County(ies) in which District is located: \_\_\_\_\_

3. Permanent Address:

*If the District has no permanent address, please list the name, address and daytime telephone number of its agent.*

\_\_\_\_\_

4. Services Provided: \_\_\_\_\_

\_\_\_\_\_

5. General description of geographical boundary:

Please attach the *full* legal description of the District's boundaries:

\_\_\_\_\_

6. Citation of statutory authority:

Please attach a copy of the ordinance or statute which created your District.

*Name the state law or county ordinance which created your District. For example, enter Act 107 or Ordinance 502. You should not enter the general Special Purpose District Act, S. C. Code of Laws Section 16-11-10.*

\_\_\_\_\_

7. Date of Origin (DD/MM/YYYY): \_\_\_\_\_

*Enter the date the state law or county ordinance passed which authorized your special purpose district.*

8. Tax rate or fee charged by the Special Purpose District:

*If necessary, attach a schedule of fees. If the District charges no fees or imposes no taxes, enter "None."*

\_\_\_\_\_





**Office of the Secretary of State  
Special Purpose District Notification Form**

12. Person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

13. Signature of County Auditor:

*The County Auditor must sign below. Per 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 forms.*

Please Print Auditor's Name: \_\_\_\_\_

Signature of Auditor: \_\_\_\_\_

Name of County: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Auditor of Second County

*If the district listed two counties in Item 2 above, the auditor of the second county should sign below. Per 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 forms.*

Please Print Auditor's Name: \_\_\_\_\_

Signature of Auditor: \_\_\_\_\_

Name of County: \_\_\_\_\_

Date: \_\_\_\_\_

14. Attachments

*Have you attached the following?*

- Full legal description of boundaries of the District
- Copy of the statute or ordinance that created the Special Purpose District
- Schedule of tax rates or fees charged by the District (if insufficient space on Line 8 above)
- List of board members with the expiration dates of their terms in office (if insufficient space on Line 9 above)