

CONFIRMATION OF DECERTIFIED TIF DISTRICT

Please complete the information requested below in Part A and then forward the form to the County Auditor to be certified in Part B. Once the information has been completed by both the authorized TIF representative and the County Auditor, please return the form to the Office of the State Auditor at the address listed below:

**Office of the State Auditor - TIF Division
525 Park Street, Suite 500 St. Paul, MN 55103**

PART A. To be completed by the TIF authorized representative:

County Auditor/Treasurer's Name: _____ Date: _____

County Name: _____ County Address: _____

TIF Authority Name: _____

TIF District # and Name: _____

TIF District Type: _____ TIF Plan Approval Date: _____

Certification Request Date: _____ Certification Date: _____

Required Decertification Date: _____ Based on: _____

(Information to be confirmed by the County Auditor:)

1. Actual decertification date: _____ 2. Date of first tax increment received: _____

3. Final tax increment distribution date _____ and amount \$ _____

4. Amount of excess tax increment returned to the county, if any \$ _____ and date _____

Please note: If the district is decertifying early, please forward a copy of the resolution with this form to the County Auditor and the TIF Division.

Signature: _____ Date: _____

Name and title of TIF authorized representative: _____

PART B: To be completed by the County Auditor or representative:

On behalf of the County Auditor/Treasurer, I certify that the above information, specifically information provided in questions 1-4, is correct with the following exceptions, if any:

Signature: _____ Date: _____

Name and title of the county representative: _____

Phone: _____ Exceptions? No Yes If yes, please describe below:

