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.

__________________________________________ Date: ______________

Signature: ______________________________________

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:

__________________________________________ Date: ______________

Signature: ______________________________________

Name and title of the county representative: ____________________________

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

__________________________________________________________________________