



Community Development Authority City of Racine

TID Final Payment Authorization Form

Owner(s): _____

Project Address: _____

Grant Number: _____ MUNIS Contract #: _____
(staff completes)

Contractor (to be paid): _____

Brief Project Description: _____

Total Project Amount: \$ _____

The owner hereby certifies that he/she acknowledges that the work has been done to the specifications included in the contract.

I/we hereby authorize the City of Racine to prepare a check for the Contractor.

OWNER(S): Homeowner(s) should not sign an incomplete form (missing details or missing/wrong \$ amount)
DUEÑO(A): No deben de firmar una forma incompleta (hacen falta los detalles o los costos de los trabajos)

Homeowner 1: _____

Signature/firma _____ Date/fecha _____

Homeowner 2: _____

Signature/firma _____ Date/fecha _____

FOR OFFICE USE ONLY

I have attached permit, if required.

MUNIS CONTRACT AMOUNT	\$
CHECK AMOUNT	\$