

**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**

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**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: \_\_\_\_\_

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**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:

\_\_\_\_\_  
\_\_\_\_\_