



Confirmation of Decertified TIF District

Upon the decertification of a Tax Increment Financing (TIF) district, please complete the information requested below. A representative from the TIF authority will complete Part A and then forward the form to the County Auditor. The County Auditor will sign Part B to confirm the information in the "Decertification Information to be Confirmed" section.

Please note: If the district is decertifying prior to the required decertification date, include a copy of the resolution along with this form to the County Auditor and the TIF Division. **The form must contain both signatures.**

Part A. To be completed by the TIF Authority

TIF District Identification

TIF Authority Name:	
TIF District Name:	
County:	
TIF District Type:	
Certification Date:	
Required Decertification Date:	

Decertification Information to be Confirmed

Actual Decertification Date:		Date:	
Final TIF Distribution Amount:		Date:	
Amount of Increment Returned to County Auditor (If Any)*:		Date:	

*Increment may be returned prior to or subsequent to the submission of this form. The amount identified here need only include the amount returned upon decertification (not previously reported amounts or forthcoming amounts).

Signature of TIF Authority Representative

By signing below, I confirm that, to the best of my knowledge, the information provided is correct and the authority has decertified the district identified above by resolution or the district has reached its required decertification date.

Additional Comments About the Above Information (If Any):			
Name/Title of Representative:			
Signature:		Date:	

Part B. To be completed by the County Auditor or Representative

By signing below, I confirm that, to the best of my knowledge, (and except as noted in the comments below), the above information is accurate and the County Auditor has taken action to decertify the district, effective as of the actual decertification date identified herein.

Comments/Corrections About the Above Information (If Any):			
Name/Title of Representative:			
Signature:		Date:	

Please submit the completed form and resolution, if any, by email (preferred) to TIF@osa.state.mn.us or by mail to Office of the State Auditor - TIF Division, 525 Park Street, Suite 500, Saint Paul, MN 55103