



MICRO GRANT PROGRAM PAYMENT REQUEST

Owner/Applicant:

Business Name
Business Address
Medford, MN 55049

Contractor:

Name
Address
City, State, Zip Code

I certify that I have satisfactorily completed the necessary work to justify this request and that all bills incurred for labor use and materials furnished in making said improvements for a total of \$_____ have been paid in full.

Contractor's Signature

Date

.....
I/We hereby agree that the work stated by the contractor has been completed and has been paid in full. It is understood that the actual amount disbursed from the City of Medford will be based on the results of inspection by the EDA/City Staff. I/We further understand that the City of Medford, Medford EDA, or CEDA assumes no responsibilities for the work performed and does not warrant any work performed.

Owner's Signature

Date

.....
Upon inspection, I hereby certify that all work is completed and recommend payment to the Owner in the amount of \$_____.

City Administrator, City of Medford, Signature

Date

.....
I hereby approve payment to the Owner in the amount of \$_____.

Mayor, City of Medford, Signature

Date

*****Payment Request Form must be submitted to Medford City Hall within twelve (12) months from date of City Council approval to meet program guidelines.**