

Cover Page

Statement of Pass-Through Obligations for Redevelopment Project Areas

Name of Agency _____

Filed with the County Auditor of _____ County

Date Submitted to County: _____

Agency's Director's Signature: _____

Print Name _____ Title: _____

Email: _____ Phone: (____) ____ - ____ ext ____

Report Preparer Contact Information: Print Name: _____

Email: _____ Phone: (____) ____ - ____ ext ____

County Use Only

| | Date Received From Agency | Date County Granted Concurrence | If No Concurrence Granted, Date Returned to Agency |
|-------|---------------------------|---------------------------------|--|
| Rev 1 | | | |
| Rev 2 | | | |
| Rev 3 | | | |

Reviewed By: _____ Date Forwarded to SCO: _____

Email: _____ Phone: _____

State Use Only

| | Date Received From County | Date SCO Concurred With County | If No Concurrence Granted, Date Returned to County | SCO Staff Assigned to Review |
|-------|---------------------------|--------------------------------|--|------------------------------|
| Rev 1 | | | | |
| Rev 2 | | | | |

Note: Each time the agency revises their report, it must go through the county auditor's office to obtain concurrence and the new concurrence date must be entered.