## CITY OF ALPHARETTA COMMUNITY DEVELOPMENT DEPARTMENT REQUESTING USE OF IMPACT FEE CREDITS

## All Information Must Be Completed In Full

	⊕ PUBLIC SA	AFETY	⊕ PARKS &		
USE OF CREDITS FRO	M:Account	t Nama			
	Addı	Address			
	City	State	Zip Code		
LOCATION OF PROPE	RTY:				
Land Lot:	District/ Section:	Lot Number (	residential):		
Project Name or Subdivis	sion:				
Street Address:					
Type of Building:		Gross SF or # of Uni	ecreation		
			e must match the account name		
	E AS OF:		Finance Department		
Date			Community Development Department		

## TRANSFER AND ASSIGNMENT OF IMPACT FEE CREDITS

□ RO	ADS	□ PUBLIC SAFETY	□ PARKS & RECREATION
		ENT OF IMPACT FEE CREDI' 20, by the "Assignor":	<b>ΓS</b> (this "Assignment") is made and entered into
Assignor Accou	nt Name		Phone number
Address			
City	State	7	Zip Code
For the benefit	of, the "Assignee":		
Assignee Accou	nt Name		Phone number
Address			
City	State	Z	Zip Code
Now, therefore, valuable considerable transfer to of Assignor in interests, powers	, for and in considerati eration, the receipt an unto Assignee, and the and to the Transferred s, privileges and benefi	d sufficiency whereof are hereby legal representatives, successors at Credits, together with all rights conferred thereby.	nd paid by Assignee to Assignor, and other good and acknowledged by Assignee, all right, title and interest, title and interest of Assignor in and to the rights, and assigns of the Assignor in and to the rights, the and interest of Assignor in and to the rights, and the seal on the day and year above written.
ASSIGNOR: Signat	ture:		
Print 1	Name & Title:		
Comp	any Name: Company	Name & Signature must match the acc	count name
			an acknowledgement of receipt. The entitlement y the City of Alpharetta Impact Fee Ordinances.
CITY OF AL	PHARETTA:		
Chief I	Financial Officer		Community Development Director