COMIDA
County of Monroe Industrial Development Agency

Project Modification Request

DATE:	
APPLICANT:	
PROJECT NAME:	

MODIFICATION REQUESTED: (check all that apply):

☐ Increase in Project Costs of: $_____

☐ Extend Sales Tax Exemption Date to: _____
Reason for extension:

* *Amount of Exemptions taken to date: $_____*

☐ New Tenant: *Provide:Name/Business Description/Square Feet to be occupied:*

☐ Other:

Assistance Requested: (check all that apply):	***Current Employment in Monroe County:***
☐ ***Property Tax Abatement*** _____	☐ ***As of*** _____
☐ ***Mortgage Tax Exemption*** _____	☐ ***Full Time*** _____
☐ ***Sales Tax Exemption*** _____	☐ ***Part Time*** _____

Applicant hereby represents that (i) it is not in default under any documents executed in connection with the Project being modified; (ii) if assignment, assignee must agree to assume Applicant's rights, interest, duties, obligations and liability set forth in any documents executed in connection with the Project being modified; and (iii) Applicant will pay all applicable fees of the Agency and its counsel in connection with the modification/assignment of said Project.

Signed:

_____ Title _____

Approval of the Modification is recommended.
Date of Original Approval _____
Estimated value of incremental benefits: $_____

Executive Director _____Date_____

Sept.2016