



Project Modification Request

DATE:	
APPLICANT:	
PROJECT NAME:	
PROJECT ADDRESS:	
MODIFICATION REQUESTED: (Check all that apply) Increase in Project Costs of: \$ _____ Original Project Cost: \$ _____ Extend Sales Tax Exemption Date to: _____ Reason for extension: *Amount of Extensions taken to Date: \$ _____ New Tenant: <i>Provide Name, Business Description, Square Feet to be occupied:</i> Other:	
<i>Assistance Requested: (check all that apply)</i> Property Tax Abatement _____ Mortgage Tax Exemption _____ Sales Tax Exemption _____	<i>Current Employment in Monroe County</i> As of: _____ Full Time: _____ Part Time: _____
<p><i>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.</i></p> Signed: _____ Date: _____ Print Name: _____ Approval for Modification is recommended Date of Original Approval _____ Estimated value of incremental benefits: _____ Executive Director _____ Date: _____	