



Community Development Department

P. O. Box 900
Locust Grove, Georgia 30248

Phone: (770) 957-5043
Facsimile (770) 954-1223

Impact Fee Transfer/Collateralization Form

Check one: Transfer Collateralization Other

Check one: Water Impact Fees Sewer Impact Fees Both W/S
Development Impact Fees

Holder (Grantor) Information:

Name: _____
Business: _____
Address: _____
Address2: City _____ State _____ ZIP _____
Telephone: _____
E-mail: _____

Recipient (Grantee) Information:

Name: _____
Business: _____
Address: _____
Address2: City _____ State _____ ZIP _____
Telephone: _____
E-mail: _____

Creditor Information (if applicable for collateralization):

Name: _____
Business: _____
Address: _____
Address2: City _____ State _____ ZIP _____
Telephone: _____
E-mail: _____

HOLDER (Grantor) Property Information:

Development/Common Name: _____
Henry County Tax ID#: _____
Deed Book/Page # Reference: _____
Plat Book/Page # Reference: _____
Legal Description Attached: Yes No On File
Survey Attached: Yes No On File

RECIPIENT (Grantee) Property Information:

Development/Common Name: _____
Henry County Tax ID#: _____
Deed Book/Page # Reference: _____
Plat Book/Page # Reference: _____
Legal Description Attached: Yes No On File
Survey Attached: Yes No On File

Amount of Credit to be Transferred: _____

Effective Date of Transfer: _____

Statement of Credit Value

The undersigned as APPLICANT hereby swears or affirms that the above amount of credit in this application is not a duplication or misrepresentation of the value of said credit actually held by the applicant that is to be transferred, collateralized or otherwise encumbered.

Signature of Applicant (Holder)

Sworn to and subscribed before me this ____ day of _____, _____.

Notary Public

My Commission Expires: _____

Authorization of Transfer and Recording

The undersigned hereby acknowledges and approves the transfer, collateralization or other encumbrance as identified above of the credit amount stated herein and authorizes the City to record any an all information as necessary to reflect this transfer, collateralization or other encumbrance in the Henry County property records. Holder agrees to pay the cost of recording such information/documentation. Holder acknowledges that the City's consent to the transfer, collateralization or other encumbrance as stated herein does not become effective until Holder and Recipient provide City with an Affidavit affirming the amount of credit transferred, collateralized or otherwise encumbered.

Signature of Holder (Grantor) Date: _____

Signature of Recipient (Grantee)

Date: _____

Administrator/City Use ONLY:

Date Received: _____

Amount of Original Credit of Holder: _____ Amount Used to Date: _____

Balance of Unused Credits: _____

Collateralized? Yes No Creditor: _____

Release by Creditor? Yes No

Legal Description: Yes No On File

Survey Attached: Yes No On File

Amount Transferred: _____

Date of Recording: _____

Certification of Administrator

The undersigned as Administrator hereby certifies that according to the records of the City, the above named Holder owns unencumbered credit in the amount of _____.

Signature of Administrator Date: _____

City of Locust Grove

Certification of Credit

The undersigned hereby certifies that the Holder has _____ credit available for transfer or colateralization.

_____. Signature of Administrator Date: _____

City of Locust Grove