



Community Redevelopment Agency
400 South Federal Highway
Hallandale Beach, FL 33009
(954) 457-2228

CHECK REQUEST FORM AND INSTRUCTIONS

ALL BLANKS MUST BE FILLED. IF NOT APPLICABLE, ENTER N/A. TO BE RETURNED WITH ALL REQUESTS FOR PAYMENT FROM THE CRA.

DATE: _____

LOAN # _____

PROPERTY ADDRESS: _____ Hallandale Beach, FL 33009

PROPERTY OWNER(S): _____

OWNER CONTACT PHONE NUMBER: _____

CONTRACTOR NAME:

(If work performed by owner, write SELF)

PERMIT NUMBER: _____ (If applicable)

TYPE OF WORK PERFORMED (simplified): _____

EXPECTED AMOUNT: \$ _____ *If final payment, permit must be finalized by Building Division and NIP Inspector. Consult Building Division if in doubt.

SPECIAL INSTRUCTIONS (i.e. Mail check to owner, alternative owner's address) _____

OWNER'S SIGNATURE: _____

All check disbursements are conducted on Friday after 3:30 PM.

HOLIDAY SCHEDULE will be followed. Inquire directly if affected.

Hallandale Beach CRA or City Manager reserves the right to adjust or change at any time with no prior notice, any of the guidelines on this form.