



**GRANT PAYMENT REQUEST
FORM Tax Year 2012**

TAXPAYER

Property Owner's Name: _____

DBA (Doing Business As): _____

Mailing Address: _____

Address of Actual Location of Property or Facility: _____

Taxpayer ID / Social Security Number: _____

Telephone Number: _____

E-mail: _____

Airport Related Business: Air Charter Aircraft Aircraft Maintenance

Avionics Car Rental Flight Training Hangar Rental

Other (explain) _____

Account Number or Tax Receipt (Copy Attached): _____

Date Paid: _____

TAXPAYER SIGNATURE

I declare that I am current in my tax obligations to the County and City, located within the Airport Development Area and engaged in an "Airport-Related Business". I further declare that all of the above information is true and correct to the best of my knowledge and belief.

Print Name: _____

Title: _____ Date: _____

Property Owner's Signature: _____

COUNTY (For Office Use Only)

Approved: _____ Date: _____ Amount: _____

Vendor #: _____ 101-4112-410-8438

CITY (For Office Use Only)

Approved: _____ Date: _____ Amount: _____

Vendor #: _____ Account #: _____



GRANT PAYMENT REQUEST FORM Instructions

- 1) Complete Taxpayer Section. Please fill in all requested information.
 - a) The address of actual location of property or facility should be inside the Airport Development Area.
 - b) Enter your Taxpayer Identification or Social Security Number.
Important: This is required of all requests. If the business is a proprietorship, enter the Social Security Number of the owner.
 - c) Check the airport related business. If your airport related business is not listed, please explain what the business is in the space provided.
 - d) List the account number from your tax bill or the tax receipt number from your receipt of taxes paid. Please attach a copy of the bill or receipt to the Form.
 - e) Property owner's signature is required.
- 2) Mail the completed Form on or before March 30, 2013, with the supporting documentation, to the Rowan County Finance Department at the address below:

Rowan County Finance Department
Attention: Suzanne Burgess
130 West Innes Street
Salisbury, NC 28144

If you have any questions, please call Suzanne Burgess at 704-216-8178.

Once the County approves the Grant Payment Request Form, the Finance Department will mail a check for the County's portion, with explanation of incentive grant calculation, to the mailing address on the Form. The County will then forward the information to the City. The Taxpayer will receive a separate check from the City.