Project Name:

Entity:

Date:

Re: C17-

Illinois Environmental Protection Agency
Bureau of Water
Infrastructure Financial Assistance Section
2520 West Iles Avenue
PO Box 19276
Springfield, IL 62794-9276

To Whom It May Concern:

I hereby certify that all bills in connection with this Grant Project have been paid.

The _____ hereby releases and discharges the State of Illinois, its officers, agents and employees from all liabilities, obligations and claims arising out of the project work or under this Grant.

Please Print or Type Name of Authorized Representative	Title
Signature of Authorized Representative	Date

This document may be submitted electronically to EPA.IFASGrants@illinois.gov.

CLEAR FORM