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**CITY OF ALPHARETTA  
COMMUNITY DEVELOPMENT DEPARTMENT  
REQUESTING USE OF IMPACT FEE CREDITS**

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**All Information Must Be Completed In Full**

 **ROADS  
RECREATION**

 **PUBLIC SAFETY**

 **PARKS &**

USE OF CREDITS FROM: \_\_\_\_\_

Account Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip Code

**LOCATION OF PROPERTY:**

Land Lot: \_\_\_\_\_ District/ Section: \_\_\_\_\_ Lot Number (residential): \_\_\_\_\_

Project Name or Subdivision: \_\_\_\_\_

Street Address: \_\_\_\_\_

**TOTAL IMPACT FEE CREDITS USED, THIS TRANSACTION:**

Type of Building: \_\_\_\_\_ Gross SF or # of Units: \_\_\_\_\_

Roads \_\_\_\_\_ Public Safety \_\_\_\_\_ Parks & Recreation \_\_\_\_\_

Requesting Signature: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Name & Signature must match the account name

SUFFICIENT BALANCE AS OF: \_\_\_\_\_

Finance Department

Date

Community Development Department

**TRANSFER AND ASSIGNMENT OF IMPACT FEE CREDITS**

ROADS

PUBLIC SAFETY

PARKS & RECREATION

**THIS TRANSFER AND ASSIGNMENT OF IMPACT FEE CREDITS** (this "Assignment") is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the "Assignor":

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Assignor Account Name Phone number

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Address

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City State Zip Code

For the benefit of, the "Assignee":

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Assignee Account Name Phone number

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Address

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City State Zip Code

**Whereas**, Assignor is the sole owner of \$\_\_\_\_\_ in City of Alpharetta impact fee credits ("The Credits") obtained pursuant to the terms and conditions of the City of Alpharetta Impact Fee Ordinances;

**Whereas**, the Assignor desires to sell, convey, transfer and assign to Assignee all right, title and interest may now or hereafter have in and to \$\_\_\_\_\_ of the credits (the "Transferred credits");

**Now, therefore**, for and in consideration of the sum of ten dollars in hand paid by Assignee to Assignor, and other good and valuable consideration, the receipt and sufficiency whereof are hereby acknowledged by Assignor, the undersigned, does hereby transfer unto Assignee, and the legal representatives, successors and assigns of the Assignee, all right, title and interest of Assignor in and to the Transferred Credits, together with all right, title and interest of Assignor in and to the rights, interests, powers, privileges and benefits conferred thereby.

**In witness whereof**, Assignor has duly executed this agreement under seal on the day and year above written.

**ASSIGNOR:**

Signature: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Name & Signature must match the account name

The execution of this document by the City of Alpharetta is only an acknowledgement of receipt. The entitlement to impact fee credits and the transfer of such credits is governed by the City of Alpharetta Impact Fee Ordinances.

**CITY OF ALPHARETTA:**

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Community Development Director