



7700 WEST BLUEMOUND ROAD • WAUWATOSA, WI 53213-3440
TELEPHONE: 414-259-5060 • FAX: 414-259-5078

OWNER'S AUTHORIZATION

Escrow File No. _____

Draw NO. _____

_____ Dated

To: _____

This is to certify, That _____ (Contractor)

for _____ (Owner)

_____ is entitled to a payment of _____
DOLLARS

by the terms of contract, dated _____, 20_____.

Amount of Contract \$ _____

Addition to Contract \$ _____

Total, \$ _____

Deduction from Contract \$ _____

Balance, \$ _____

Total Paid to Date, \$ _____

Balance, \$ _____

Amount of this Certificate \$ _____

Balance, \$ _____

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