

# Request for Allocation of Gross Proceeds

County: \_\_\_\_\_  
Route: \_\_\_\_\_  
Job: \_\_\_\_\_  
Parcel: \_\_\_\_\_

Total Amount to be Allocated ..... \$ \_\_\_\_\_

(NOTE: If allocation does not equal 100% of proceeds, gross proceeds will be reported to all sellers.)

Name (Please Print or Type):	
Address (number and street):	
City, State and ZIP Code:	
<b>Certification</b> – I certify that the allocated amount shown below is the amount I agree upon.	
<b>Please Sign Here</b>	
Allocated Amount \$ _____	

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