



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, \$ \_\_\_\_\_

**OWNER'S AUTHORIZATION**