



MUNICIPALITY OF _____, MINNESOTA, STREET DEPARTMENT
Year Ended December 31, 20XX

	Municipal
Total Mileage	_____
Maintenance Allotment	_____
Total Cost	_____

CERTIFICATION STATEMENT

I certify that the above information is true and correct. I also certify that the Municipality of _____, Street Department has followed the accounting procedures as established in the State Aid Accounting Manual or an alternative method as approved by the Mn/DOT. It is understood that all records, books, documents, and accounting procedures pertaining to this information are subject to audit and examination by the Mn/DOT and the State Auditor's Office. It is also understood that the Mn/DOT reserves the right to withhold future State Aid payments if the municipality has not complied with the procedures and practices as approved and established.

Certified: _____
Municipal Engineer

Date