#

[Date]

[Name]

[Company]

[Address 1]

[Address 2]

RE: [Project] Billing Package

\*\*Check Attachment numbers prior to sending.\*\*

Dear [Name]:

As is noted in the General Application form (Attachment 1), you as Applicant agreed to pay to the City all incurred costs, both direct and indirect, including State-mandated costs associated with review and processing of the development application listed above. Reimbursable costs include all staff and overhead costs as established in the City’s adopted Cost Recovery Fee Program Master Fee Schedule (Attachment 2), as well as the cost of required professional consultants to assist in environmental, engineering or legal review.

\*\*Remove if agreement has been signed.\*\*

The primary purpose of this letter is to provide for your review and signature, our standard Indemnity and Reimbursement Agreement (Attachment 3). It states in greater detail the terms, rights and responsibilities between yourself as Applicant and the City of San Rafael. Please review, sign and return it by [Date].

Also included is a Statement of Billing Activity (Attachment 4) that lists details on all recent financial transactions that have been billed to your project to date, all payments made to the City, and a request for a Security Deposit that is referenced in the Indemnity and Reimbursement Agreement. Finally, for your records, I have included an Invoice (Attachment 5) that lists the fees due at this time. Please know that as the project moves forward, it is likely that additional fees for tasks like environmental review will be incurred for this project and you will be requested to pay additional amounts at that time. City staff will provide both a Statement of Billing Activity and an Invoice as additional monies are needed.

As of this date, the project currently has an outstanding balance and requires funds. Per the details provided in the attached documents, a total of $[amt] is due at this time.

|  |  |
| --- | --- |
| **Summary**  | **Amount** |
| Balance carried forward | $0.00 |
| Statement of Billing Activity [Attachment 4] | $0.00 |
| Billable Staff Time  | $0.00 |
| **Total Due (Amount shown on Project Invoice)** | **$0.00** |

Please let me know if you have any questions regarding this correspondence. We appreciate your prompt attention to this matter.

Sincerely,

[Admin Name]

[Title]

Attachments:

1. General Application Form
2. Master Fee Schedule
3. Indemnity and Reimbursement Agreement
4. Statement of Billing Activity #[]
5. Invoice- [Date]