

# Letter of Certification

After addressing any errors on your review and any follow-up questions, send in this certification letter to PRISM.mdor@state.mn.us.

I, Your Name, (Assessor/Auditor) of County Name County, Minnesota do hereby certify that the file with tracking ID PRISM Tracking ID submitted to the Minnesota Department of Revenue on MM/DD/YYYY is a correct and complete PRISM Submission PRISM Submission Number of the above named county for assessment year YYYY.

### Witness my hand this DD day of Month, YYYY.

Assessor or Auditor of County Name County