USDAForm RD 1924-9 (Rev. 1-98)

Form Approved OMB No. 0575-0042

D.,	
Date	
Dear Sir:	
I hereby acknowledge the receipt of	
(\$) in full payment of my contract for improvement work which I did for you and which is described in my contract.	dated
I certify that I have paid in full for all materials purchased and all labor employed in no claims against me under this contract on account of injuries sustained by workers hereby release you from any claims arising by virtue of this contract.	
I am attaching Form RD 1924-10, "Release by Claimants," signed by all persons subcontractors and all persons employed in connection with my contract with the ab	
WARNING	
The statements and representations made above are made in connection in part by the United States Department of Agriculture (USDA). The used to determine the release of USDA provided funds. The making of a herein may be a crime punishable under Title 18 U.S.C. § 1001 which put within the jurisdiction of any department or agency of the United States know covers up by any trick, scheme, or device a material fact, or makes any frepresentations, or makes or uses any false writing or statement or entry, so States code] or imprisoned not more than five years, or both.	statements and representations will be any false statement or misrepresentation provides in part: "Whoever, in any matter owingly and willfully falsifies, conceals or alse, fictitious or fraudulent statements or
Sir	ncerely,
	Contractor

Position 6

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.