



VOLUNTARY SIDEWALK REPLACEMENT COST-SHARE PROGRAM APPLICATION

****Please print clearly****

Application date _____

Address _____

Property owner _____

Property owner address _____

Phone no. _____

Email _____

Select one:

- ☐ I/we are applying for the 50% cost share program
- ☐ I/we are applying for the 75% low-income cost share program (a signed release of information form must be attached)
- ☐ I/we are applying for the property owner repair 50% cost share on concrete (receipts must be submitted)

If the application is not complete, it will be returned to the applicant.

Signature of property owner(s)

Date

Signature of property owner(s)

Date

***** FOR OFFICE USE ONLY*****

Date received _____

Inspection no. _____

Parcel no. _____