



# 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.

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Signature of property owner(s)

Date

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Signature of property owner(s)

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Date

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

Date received \_\_\_\_\_

Inspection no. \_\_\_\_\_

Parcel no. \_\_\_\_\_