

**CITY OF WILTON---FUNDED SIDEWALKS  
SIDEWALK CONSTRUCTION COST REIMBURSEMENT REQUEST FORM**

By signing below, under penalties of law, I/we hereby certify and attest that I/we am/are the current owners of the subject property; that I/we have fully satisfied all requirements for requesting and receiving this reimbursement, and that I/we am/are, and that no one else is, entitled to reimbursement from the City of Wilton. I/We further attest and agree to indemnify, save, hold harmless and repay to the City of Wilton any and all amounts that I/we receive from the City in the event that the City has already paid and/or will be required to pay to another person for cost of sidewalk installation to this property.

Property Owners: (all owners of record must be included)

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Contractor Name/Contact Information: \_\_\_\_\_ Est. Start Date: \_\_\_\_\_ Cost of Project (Exact): \_\_\_\_\_

Property Address: _____	Mailing Address: _____ _____
Tax Parcel Number: _____	

**Requesting reimbursement for:**    **The City will reimburse half the cost up to \$500 (\$650 corner lot)**

4" Regular Sidewalk (all sidewalks must 4" thick, 4' width, & No more than 6' length) Corner Lot     Yes     No

If the property is owned by more than one person, then all persons, e.g. husband and wife, all co-owners, must sign this form before the City can process the reimbursement request. Note: To be eligible the city will only replace/add sidewalks on the existing city right of way. The city will remove old sidewalks from the premises after this form is completed by the owner(s).

Requested this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

BY: \_\_\_\_\_  
(Print or Type Owner's Name Above)

BY: \_\_\_\_\_  
(Print or Type Owner's Name Above)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

**FOR CITY OF WILTON OFFICIALS ONLY:**

<p align="center"><b>City Department:</b></p> <p>Sidewalk installation meets all City of Wilton requirements.</p> <p>Inspected by: _____</p> <p>Amount of Reimbursement:\$ _____</p> <p>Approved for Payment on _____ (date) by: _____</p> <p>Approval (signature/title) _____</p>	<p align="center"><b>Clerk-Treasurer's Office:</b></p> <p>The Clerk-Treasurer's Office has verified that the amount listed shall be reimbursed to the Owners named above.</p> <p>Sidewalk Reimbursement Acct. No: 709-87290-99; Job No. 4728</p> <p>Approved for Payment on _____ (date) by: _____</p> <p>Clerk-Treasurer's Office Approval (signature/title) _____</p>
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**Return form to: City of Wilton, 104 E. Fourth St • P.O. Box 27 • Wilton, Iowa 52778**