50/50 Sidewalk Replacement Request Form*

Name: _____ Date: _____

Address: _____ Phone: _____

Please check one: _____ Replace existing sidewalk

_____ Construct new sidewalk where there is none

Specific location of work to be done: _____

_____

How many lineal feet to be replaced or constructed: _____

_____

You will be notified of your share of the cost by mail as soon as the contract is let. At that time, you may either deposit your share within fifteen (15) days or withdraw your request.

*The Town of Normal, by resolution in November, 1964, adopted the following policy:
1. To enter into a sidewalk replacement program with 50/50 cost sharing with property owners.
2. Construction to be done by contract with the Town to the Town's standards.
3. Town to participate to the extent that money is available.
4. Priorities are established in case the requests exceed available funds.

(for office use only)

Sketch and calculations:

Date: _____

Inspector: _____

Total Cost: _____

Owner's Share: _____

Deposit Received: _____

Final Inspection: _____

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