



**APPLICATION FOR SIDEWALK
REPAIR COST REIMBURSEMENT**

No.1 The Plaza, Sonoma, CA 95476

Phone: 707-938-3332

www.sonomacity.org

REMEMBER:

- ☐ Complete the entire form
- ☐ Attach Copies of Receipts
- ☐ Mail or deliver to City Hall

PROPERTY OWNER CONTACT INFORMATION: Enter all information below.

Property Owner Name _____

Physical Address _____
(Cannot be P.O. Box)

Contact Phone _____ Alternate Phone _____

Mailing Address (if different than above) _____
City _____ State _____ Zip Code _____

SIDEWALK REPAIR INFORMATION: Enter all details below.

Licensed Contractor _____ Contractor's Encroachment Permit No. _____

Total cost of sidewalk repair* _____

Copies of receipts for any materials or services related to the repair **must be attached and are required for this request to be considered.*

Briefly describe the receipts and other supporting documentation attached in the space below.

SIGNATURE

I understand that by completing this form I am not guaranteed that a reimbursement will be granted. The cost reimbursement is on a first come, first serve basis and may be authorized as the budget allows. Please see section 8.2 of the City's Sidewalk Trip Hazard Repair Policy for additional information.

I have read, understand, and agree with the cost reimbursement guidelines.

Signature of Property Owner _____

Printed Name _____ Date _____

OFFICE USE ONLY

RECEIVED
DATE STAMP

CITY OF SONOMA PUBLIC WORKS DEPARTMENT USE ONLY

☐ Approved By _____ Date _____ Reimbursement Amount _____

☐ Denied By _____ Date _____ Reason for Denial _____