



*City of
Ellsworth*

Façade Improvements Program Request for Reimbursement

Project Description: _____

Project Address: _____

Project Owner: _____

Contractor: _____

Total cost of completed Project: _____

Amount of approved grant: _____

Amount requested for reimbursement: _____

PLEASE ATTACH PAID INVOICES TO DOCUMENT PROJECT COSTS.

I have paid the contractor(s) and vendor(s) the amounts shown on the attached invoices and hereby request reimbursement for the indicated portion of the cost of the above mentioned Project.

Owner signature

Date