



CITY OF WASHINGTON, ILLINOIS  
Sidewalk and Curb Reimbursement  
Program Application

Date: \_\_\_\_\_

**Occupant:**

**Owner (if different than occupant):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Description of sidewalk and/or curb issue:**

**Please return form to:**

City of Washington  
Attn: Planning Department  
301 Walnut Street  
Washington, IL 61571  
or  
email: [apaque@ci.washington.il.us](mailto:apaque@ci.washington.il.us)

**FOR OFFICE USE ONLY**

\_\_\_ Approved      \_\_\_ Denied (Property Owners Expense)

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lineal Feet: \_\_\_\_\_ Width: \_\_\_\_\_ Date Inspected: \_\_\_\_\_