



CITY OF WASHINGTON, ILLINOIS
Sidewalk Reimbursement Program Application

Date: _____

Occupant:

Owner (if different than occupant):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Description of sidewalk issue:

Please return form to:

City of Washington
Attn: Planning Department
301 Walnut Street
Washington, IL 61571

or

email: rfuller@ci.washington.il.us

FOR OFFICE USE ONLY

___ Approved ___ Denied (Property Owners Expense)

Reason for Denial: _____

Lineal Feet: _____ Width: _____ Date Inspected: _____