

WORK PERFORMED BY: _____	DATE COMPLETED: _____
INSPECTED BY: _____	DATE INSPECTED: _____

**City of Durand  
Sidewalk Replacement  
Special Assessment Application**

This application is for a Special Assessment, pursuant to Section 1.212 of the Durand City Code.

PARCEL NO. 20- \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEED HOLDER'S ADDRESS, IF DIFFERENT FROM ABOVE:  
(Land Contract or similar contractual arrangement)

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ ALTERNATE TELEPHONE: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY:

SIDEWALK TO BE CONSTRUCTED (ESTIMATED)		
	SQ. FT.	COST
4 inch	_____	\$ _____
6 inch	_____	\$ _____
10 inch	_____	\$ _____
<b>TOTAL</b>		\$ _____

SIDEWALK CONSTRUCTED (ACTUAL)		
	SQ. FT.	COST
4 inch	_____	\$ _____
6 inch	_____	\$ _____
10 inch	_____	\$ _____
<b>TOTAL</b>		\$ _____

I request that the City of Durand approve a Special Assessment, pursuant to Section 1.212. I agree to pay the assessment in three equal installments, as assessed and billed by the City of Durand.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
CO-Owner (if applicable)

\*All owners of property must sign this agreement for validation.