



**City of Two Harbors**  
**522 1<sup>st</sup> Ave.**  
**Two Harbors, MN**

**Request for Sidewalk Repairs by Public Works Department**

Date of request: \_\_\_\_\_

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

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

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

Project Location (If different from above address): \_\_\_\_\_

Description of sidewalk problem or repairs needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby agrees to pay for said services and/or materials.

Applicant Signature: \_\_\_\_\_

Check one:

Pay in full by November 30, 2022

Assess to property – Term of 2yrs @  
2.5%

**For Department Use Only:**

Date of Inspection: \_\_\_\_\_

Number of Squares: \_\_\_\_\_

Administration Approval: \_\_\_\_\_

Public Works Department: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_