



City of Marine City
Department of Public Works
260 S. Parker
Marine City, MI 48039
(810) 765-9711
mitrich@cityofmarinecity.org

SIDEWALK INSPECTION PROGRAM REIMBURSEMENT FORM

(Reimburse for 1/3 cost of cement ONLY)

***Please return the completed form to the City Offices**

As part of the Sidewalk Inspection Program, the City has agreed to pay one-third (1/3) of the cost of cement of the sidewalk replaced as an incentive to residents to replace their existing sidewalks. It is then the property owner's responsibility to submit a detailed receipt to the City, indicating the cost of cement to replace the sidewalks. Once the receipt is received by the City, the reimbursement amount shall be determined and reviewed by the Department of Public Works Superintendent. It shall be at the homeowner's expense to pay for any additional work completed that is outside of the sidewalk replacement. To be eligible for the incentive program one of the following guidelines must be met:

- Homeowner performs the sidewalk replacement
- Homeowner hires a contractor to perform the sidewalk replacement

OWNER NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

CONTACT NUMBER: _____

I hereby certify that I am the owner, or am authorized to act on behalf of the owner, of the above described parcel. I further certify that I agree to the terms of the Sidewalk Inspection Program reimbursement incentive, and understand that any additional costs associated with the replacement of sidewalks at the above parcel are the responsibility of the owner; additional costs outside of sidewalk replacement are exempt from the reimbursement program. The Incentive Program works on a first come first serve basis.

Owner Signature: _____ Date: _____

CITY OFFICE USE ONLY

SIDEWALK REPLACEMENT DETAILS

4" _____ x 5' = _____ Yards x \$ _____ A Yard = \$ _____

6" _____ x 5' = _____ Yards x \$ _____ A Yard = \$ _____

TOTAL REPLACEMENT COST = \$ _____

TOTAL AMOUNT TO BE REIMBURSED BY CITY = \$ _____
(1/3 OF CEMENT COST)

Required Signature:

DPW Superintendent

Date

Date Reimbursement Issued: _____