

# City of El Reno

## Downtown Revitalization Program



### *Project Information*

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

Business name: \_\_\_\_\_

Existing Use(s): \_\_\_\_\_

### *Owner Information:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### *Project Description*

Describe Proposed Project (e.g. awning replacement, window replacement, painting):

\_\_\_\_\_

\_\_\_\_\_

### *Requirements of the Project*

Estimated Cost of Improvement: \_\_\_\_\_

-Permanent, external improvement on a public facing road

-Work must be completed by March 1, 2025

-Once work is completed, submit receipts and W-9 to City Manager's office for reimbursement

### *Contractor Information:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

COMPLETE APPLICATION RECEIVED: DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_