



**FORM F – STORMWATER UTILITY GRANT REIMBURSEMENT REQUEST**

Please complete and submit this form, along with the required documents, to request reimbursement for a City-approved project as the final step of the stormwater grant.

<b>Project Information (Please print or type)</b>		Grant Program Used:	
Project Address: City, State Zip Code:		Parcel ID Number:	
Project Description:			

<b>Contractor Information (Please print or type)</b> <i>(If a contractor was hired to construct the improvements, this section shall be completed)</i>			
Contractor Company:			
Contractor Address:		Telephone:	
City, State Zip Code:		Email Address:	
Contractor Statement:	<p>By signing I attest that:</p> <ul style="list-style-type: none"> <li>a. All program requirements were followed, including paying prevailing wages for all work performed on the project (will provide certified payrolls if requested).</li> <li>b. We have been paid the full amount owed for the cost of the improvements.</li> </ul>		
Print Name:		Title:	
Signature:		Date:	



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Owner Information (All property owners must sign.) (Please print or type)			
Owner Names:			
Address:		Telephone:	
City, State Zip Code:		Email Address:	
Owner(s) Statement: All owners must sign	<p>By signing I/we attest:</p> <ul style="list-style-type: none"> <li>a. All program and permit requirements were followed.</li> <li>b. The improvements were completed within the city limits of Peoria, IL.</li> <li>c. The contractor has been paid the full amount owed for the cost of the improvements.</li> <li>d. I/we accept all maintenance of the improvements and understand that all maintenance will be my/our responsibility and not that of the City of Peoria.</li> <li>e. Attached is a copy of proof of payment (cancelled check, credit card receipt, etc.).</li> <li>f. Attached are photos of the improvements.</li> </ul>		
Print Name:		Print Name:	
Signature:		Signature:	
Date:		Date:	

Reimbursement Information (Please print or type)			
Total Project Cost:		Reimbursement Amount:	
		<i>See the acceptance letter for the reimbursement amount or leave blank.</i>	
Please make reimbursement check out to (name):			
Mail to Address: City, State Zip Code:			



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Reimbursement Submittal Address	
<p><i>Submit forms &amp; supporting documentation to:</i>  City of Peoria, Public Works Department  ATTN: Stormwater  3505 N. Dries Lane  Peoria, IL 61604</p>	<p>Stormwater utility website:  <a href="http://www.peoriastormwater.com">www.peoriastormwater.com</a>  Email: <a href="mailto:stormwater@peoriagov.org">stormwater@peoriagov.org</a>  Phone: (309) 494-8800</p>

When will I get my check?
<p>City Staff will review the application within 15 working days and will notify applicant of any deficiencies. If no deficiency is found, the check will be issued in approximately 90 days. If you have not received your check <b>after</b> 90 days, please contact Public Works.</p>

FOR OFFICE USE ONLY

City Evaluation of Application	PIN:
Has the form been completed and signed by the contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the form been completed and signed by the owner(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant provided the required photos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant provided the required proof of payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Signature of City Representative:</b>	<b>Date:</b>
Amount Approved:	