



Preservation Grant Reimbursement Request

Last Revised: 12/11/2015

PETITIONER/VENDOR:

Name _____ Email _____
Vendor Address _____
Vendor Number _____

GRANT INFORMATION:

Resolution: _____ Date: _____ HCOA Number: _____ Date: _____
Property Address _____

REIMBURSEMENT INFORMATION:

Total Amount Requested: _____
List of receipts attached: _____

By my signature, I hereby affirm that the documents attached and submitted are for restoration services to my property and that they are true and correct to the best of my knowledge and that the work done was pursuant to the approved HCOA.

Authorized Signature: _____ Date _____

STATE OF ILLINOIS)
COUNTY OF _____)

I, the undersigned, a Notary Public, in and for said County and state aforesaid do hereby certify that _____ personally known to me to be the same person (s) whose name (s) are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed, and delivered said instrument as their free and voluntary act for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this _____ Day of _____, 20_____.

NOTARY PUBLIC

OFFICE USE ONLY

Grant Description: _____

PO #: _____ Account Number: _____ Resolution _____ Project #: _____

Total Project Costs To Date: \$ _____ City Incentive: (_____% \$ _____) OR (\$ _____)

Liquidated To Date: \$ _____ Current Amt. Requested: \$ _____ Remaining Balance: \$ _____

I hereby authorize the release of payment:

Authorized Signature: _____ Date _____