



**APPLICATION FOR 2019 SIDEWALK REPLACEMENT PROGRAM
FOR CITY OF KNOX RESIDENTS/BUSINESS'S**

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

LOCATION OF SIDEWALK TO BE REPLACED: _____

(DRAW DIAGRAM ON BACK SIDE IF NECESSARY)

ESTIMATED LENGTH: _____ OF SIDEWALK REPLACEMENT

ESTIMATED WIDTH: _____ OF SIDEWALK REPLACEMENT

For Office Use Only

CONTRACTOR: _____

LOWEST CONFORMING BID: ____ _____

HOMEOWNERS SHARE: _____

APPROVED BY STREET SUPERINTENDENT _____ Yes _____ No

Superintendent Signature: _____

Date: _____