**City of Sherwood Urban Renewal Agency**

Façade Grant Reimbursement Request

Name of Project: _____

Address of Project: _____

Building Owner: _____ Phone Number: _____

Building Owner Address: _____

Date of Request: _____

| Eligible Façade Improvements | Invoiced Amount | 50% Reimbursement | Notes/Comments |
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Signature of Requestor City Approval