



107 West Sears Avenue

Owensville, MO 65066

573-437-2812- Voice

573-437-5812 – Fax

City of Owensville Supplemental Environmental Project Reimbursement Application

Name of Applicant: _____

Telephone Number: _____

Property Address: _____

Date of Application: _____

Total Cost of Repairs*: _____

Description of Repairs Made: _____

*Please attach both of the following for proof of cost of repairs:

1. A Copy of the invoice(s) performing the work
2. Proof that the contractor has been paid in full for all work performed

For City Use Only

Maximum Possible Reimbursement Amount (In Dollars): _____

Amount of Reimbursement Awarded: _____ Date Awarded: _____

City Administrator: _____ Public Works Director: _____ City Engineer: _____