



## City of Valparaiso Downtown Fire Safety Grant Program REQUEST FOR DISBURSEMENT FORM

Applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Services Performed</u>	<u>Vendor/Contractor</u>	<u>Invoice/Receipt #</u>	<u>100% of Cost of Item</u>
Attach more sheets as necessary			
		<b>TOTAL PROJECT COST</b>	<b>\$</b>

**TOTAL AMOUNT OF REIMBURSEMENT REQUESTED: \$ \_\_\_\_\_**

Proof of payment for the above listed items must be attached to this form. Please provide all copies of invoices and/or receipts with check number(s) or include a copy of payment check.

I hereby verify under oath and subject to the penalties of perjury that the above items have been completed in accordance with the City of Valparaiso's Downtown Fire Safety Grant Program and the Downtown Fire Safety Grant Agreement and that all contractors, sub-contractors and material suppliers have been paid in full.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name