

**CITY OF DUQUESNE
GRANT AVENUE PROPERTY OWNERS
SIDEWALK REPLACEMENT PROGRAM
APPLICATION**

Name _____

Application # _____

Address _____

Phone (H) _____

(W) _____

THERE ARE NO INCOME GUIDELINES. APPLICANT MUST PROVIDE VERIFICATION OF PROPERTY OWNERSHIP AND PAID CITY TAXES FOR PREVIOUS YEAR.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date: _____

Received by: _____

City of Duquesne

Date: _____

Application must be signed by property owner.