



116 S. Main St.  
Fountain, CO 80817  
719/322-2000  
FAX: 719/322-2002

## 50/50 Sidewalk Program Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

I am requesting participation in the City of Fountain 50/50 Sidewalk Program.

Property Owner's Signature: \_\_\_\_\_

---

### Street Department Use ONLY:

Date of Inspection: \_\_\_\_\_

Damaged Sidewalk Length: \_\_\_\_\_ Width: \_\_\_\_\_ Damaged Curb & Gutter Length: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

City Official Signature: \_\_\_\_\_

### Street Superintendent Use ONLY:

Damaged Total Sidewalk Sq. Ft.: \_\_\_\_\_

Sidewalk Material Cost: \_\_\_\_\_

Concrete Sidewalk Contractor Cost: \_\_\_\_\_

City Removal & Traffic Control Cost\*\*: \_\_\_\_\_

Total Cost: \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

\*\*Removal & Traffic Control Cost  $\geq$  Contractor Cost