

Information needed for **landowner** requesting assistance
URBAN

POLK COUNTY

Name: _____

Address: _____

Email Address: _____

Phone Number – Home: _____ Cell: _____

FAX#: _____

SS# / FED ID#: _____

Type of Applicant: Owner: _____ Tenant: _____

Power of Attorney: _____ Agent: _____

Contract Buyer: _____ Business: _____

Contract Seller: _____

How many individuals will get paid directly from any cost share that may be approved? _____

Request (Native Landscaping, Rain Garden, Porous Pavement, etc.):

Legal Description : _____

Approximate size of practice being installed: _____
