

PETITION FOR TAX ASSISTANCE
PURSUANT TO THE LOCAL REVITALIZATION TAX ASSISTANCE ACT
CRAWFORD COUNTY

The undersigned hereby requests consideration for tax assistance.

1. Name and Address Owner, Phone: _____

2. Location of Improvements _____

3. Assessment Parcel No. _____

4. General Description of Improvement (size, material and proposed use):

5. Cost of Improvement:
- | | | |
|--------------------------|-------|--------------------------------|
| General | _____ | 6. Contractor's Name & Address |
| Plumbing | _____ | _____ |
| Electrical | _____ | _____ |
| Heating/Air conditioning | _____ | |
| Site Improvements | _____ | |

7. Has any government body condemned property? _____yes _____no
8. If yes, give name of government body and date condemned:

9. Improvement Owned by: _____ Individual _____ Partnership
_____ Corporation _____ Other (Specify) _____

10. Will improvement create new jobs? _____yes _____no
11. If yes, approximately how many: _____
12. Date of approval by Municipality _____

_____	Company Name
Commissioner	By: _____
_____	Title _____
Commissioner	Date _____

Commissioner	
Approved on _____	