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
   Plumbing
   Electrical
   Heating/Air conditioning
   Site Improvements

6. Contractor’s Name & Address

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
By:

Title
Date

Commissioner

Commissioner

Commissioner

Approved on