Beautification Form

Name: _______________________________                 Date of Request: ___________________

Items Request to Be Changed: __________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Description of Project and its effects on the community: ______________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Who will be doing the work: ____________________________________________________

If work is completed by contractor, do they have the following:
Liability Insurance _____        Worker’s Comprehensive Insurance _____
Business License _____

Projected Begin Date ________________     Projected Finish Date__________________

Signature: ________________________    Date:______________

______________________________

Town Use Only
Received By: _____________________________ Date Received: ____________________

Committee Reading Date: ____________________________

Council Reading Date: ____________________________

Council Decision: ______________________________________________________________________________________________________