APPLICATION FOR TAX ABATEMENT UNDER THE URBAN REVITALIZATION PLAN FOR

WEST BEND, IOWA

	Date
Prior Approval for Intended Improvements	Approval of Improvements Completed
Address of Property:	
Legal Description:	
Title Holder or Contract Buyer:	
Address of Owner (if different than above):	
Daytime Telephone Number:	
Existing Property Use: Residential Co	ommercial Vacant
Proposed Property Use:	
Nature of Improvements: New Construction	Addition General Improvements
Specify:	
Estimated or Actual Date of Completion:	
Estimated or Actual Cost of Improvements:	
Tax Exemption Schedule is attached.	
	Signed.

FOR CITY USE:

	Application: Approved / Disapproved Reason (if disapproved):
CITY COUNCIL	
	Date:
	Attested by the City Clerk:
ASSESSOR	Present Assessed Value:
	Assessed Value With Improvements:
	Eligible or Non-eligible for Tax Abatement:
	Assessor: Date: