

**APPLICATION FOR TAX ABATEMENT UNDER THE
URBAN REVITALIZATION PLAN
FOR WEST BEND, IOWA**

Date: _____

Prior Approval for _____ Intended Improvements
Approval of Improvements _____ Completed

Title Holder (Owner) or Contract Buyer: _____

Daytime Telephone Number: _____

Address of Property: _____

Legal Description of Property: _____

Address of Owner (if different than above): _____

Existing Use of Property: _____ Residential _____ Commercial _____ Vacant

Proposed Use of Property: _____

Nature of Improvements: _____ New Construction _____ Addition _____ Improvements

Specify: _____

Estimated or Actual Date of Completion: _____

Estimated or Actual Cost of Improvements: _____

Signature of Property Owner: _____

Printed Name: _____

