



# GARLAND

## Downtown Historic District Façade Improvement Program

### Exhibit "F"

### Reimbursement Request Form

Please return completed with necessary attachments and signature to the Downtown Coordinator in person or mailed to City of Garland, ATTN: Downtown Coordinator, PO Box 469002, Garland, TX 75046.

If you have any questions, please contact the Downtown Coordinator at (972) 205-2370 or [lmcnatt@garlandtx.gov](mailto:lmcnatt@garlandtx.gov).

Scan/attach a copy of proof of payment of costs incurred in connection with the Project, including copies of paid invoices, cancelled checks and/or paid credit card receipts, and notarized final lien waivers from all contractors, subcontractors, and suppliers. Keep a copy of all documents for your own records.

Recipient Information	
Recipient Name and Title	
Mailing Address	
City, State, Zip	
Phone	
Email	
Historical/Current Building Name	
Project's Physical Address	

I certify that the expenses listed on the following page(s) were incurred and are being requested for the purpose stated in the Grant Application for the project listed above.

Recipient Signature	Date

#### FOR ADMINISTRATIVE USE ONLY:

Date Submitted	Date Reviewed	Downtown Coordinator Signature

