



ROCK ISLAND DRAINAGE ASSISTANCE PROGRAM REIMBURSEMENT

Submit form for each property owner requesting to be reimbursed.

Neighborhood project: Individual Project:

Project Location: _____

Description of Improvements: _____

The project improvements have been completed, I have granted a general drainage easement for the project area, and I hereby request reimbursement from the Rock Island Drainage Assistance Program. I understand that I am responsible to pay at least 25% of the project cost and the City of Rock Island will reimburse me up to 75% of my project cost (up to \$3,000 maximum). Copies of the receipts for the materials installed by the property owner or the final invoice and a letter from the contractor stating that they have been paid are attached.

Property Address _____

Property Owner (print) _____

Signature of Property Owner _____

Date _____

Property Owner (print) _____

Signature of Property Owner _____

Date _____

Reimbursement check should be made out to _____.

If you have any questions regarding the RIDAP, please call the City of Rock Island Public Works Department at (309) 732-2200.

Submit reimbursement application to:
City of Rock Island Public Works Department
Attn: Storm Water Division
1309 Mill Street
Rock Island, IL 61201

OFFICE USE ONLY

Pass final project review: Drainage Easement Granted: Work completed by deadline:

Comments:

The approved bid was from _____ in the amount of \$ _____.

City participation: _____% or \$ _____ (\$3,000 maximum).

Reimbursement should be made to _____ in the amount of \$ _____.

City Storm Water Staff

Date

City Public Works Director

Date