

Retrofit Grants REIMBURSEMENT **REQUEST**



submitted on separate forms.		isement Requests mus	For C	For City Use Only	
submitted on Separate 10	iiiis.		Appro	ved	
GRANT TYPE:	Design	Construction	Denie	d 🔲	
	200.9		Amou	nt	
			Name		
BUILDING PERMIT #:			Date		
			RR#		
BUILDING ADDRESS OF	RETROFIT				
STR	EET	CITY	STATE	E ZIP	
NAME OF BUILDING OW	NER(S)				
OWN	ER 1		OWNER	2	
MAKE CHECK PAYABLE	то				
NAI	ME		CONTACT PH	ONE#	
PREFERRED MAILING A	DDRESS				
STR	EET	CITY	STATE	E ZIP	
Attach copies of invoices alor professionals for all retrofit de already done so, please also	esign or construct	ion costs. A record of total	expenses is red	quired. If you have not	
INVOICES					
INVOICE#	DESCR	IPTION C	\$ CHECK#	AMOUNT PAID	
INVOICE #	DESCR	IPTION C	\$ CHECK#	S AMOUNT PAID	
	Continue	to reverse side of form.			

1947 Center Street, 3rd Floor, Berkeley, CA 94704 Tel: 510.981.7475 or 510.981.7451 E-mail: retrofitgrants@cityofberkeley.info www.cityofberkeley.info/retrofitgrants

TDD: 510.981.7474 Rev. 05/22/2018

INVOICE #	DESCRIPTION	CHECK#	\$ AMOUNT PAID
INVOICE #	DESCRIPTION	CHECK#	\$ AMOUNT PAID
INVOICE #	DESCRIPTION	CHECK#	\$ AMOUNT PAID
INVOICE #	DESCRIPTION	CHECK#	\$ AMOUNT PAID

TOTAL AMOUNT PAID FOR DESIGN OR CONSTRUCTION: \$

ACKNOWLEDGEMENT

By signing below, I declare under penalty of perjury under the laws of the state of California that the information provided in this request and attached documents is true and correct to the best of my knowledge.

I have reviewed and am fully responsible for the accuracy of all documentation submitted.

Owner 1 Name	Owner Signature	Date
Owner 2 Name	Owner Signature	Date

If returning by mail, send to *Building and Safety Division*, *Attention: Retrofit Grants* at the address below.

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