Benton County Public Works
360 SW Avery Ave.
Corvallis, OR 97333
Phone: 541-766-6821 Fax: 541-766-6891

Application for the Formation of a Reimbursement District

Please fill out this form completely. Please type or print. Use additional sheets as necessary.

Applicant Name: _____
Mailing Address: _____
_____
_____
Telephone: _____

Describe the type of public improvement proposed to be covered by the reimbursement district (including relevant factors such as its location, significant dimensions, etc):

Have you received approval of the construction plans for the improvements proposed to be covered by the reimbursement district? (Required, before the County can proceed with your application):

YES **NO**

Explain why all or part of the cost of the improvement is eligible for reimbursement:

Describe the proposed methodology for apportioning costs among the benefited properties:

Attach a map of the benefited properties in accordance with Chapter 35, section 35.015.

What is the cost of the improvements? Include a detailed cost estimate or evidence of actual costs.

What is the estimated date of completion of the improvements?

Reimbursement District Fee: _____

Applicant Signature:_____Date:_____
Property Owner Signature: _____Date:_____

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners.

For Staff Use Only:
Received on: _____ By: _____
Fee Paid: _____ Receipt No.: _____