



**City of Fort Morgan**  
City Hall • 110 Main Street  
Mailing Address: P.O. Box 100  
Fort Morgan, CO 80701  
(970) 542-3960 • Fax: (970) 542-3968  
[www.cityoffortmorgan.com](http://www.cityoffortmorgan.com)

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## SIDEWALK REPLACEMENT PROGRAM APPLICATION

**Property Owner(s) Name(s):** \_\_\_\_\_

**Property Owner(s) Address:**

\_\_\_\_\_

Street

City

State

Zip Code

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

(If different than the property owner's address)

**Length and Width of Sidewalk:** \_\_\_\_\_

**Diagram of sidewalk area in need of repair:**

**Comments or Explanations:** (Use this section to further comment or explain any additional information you feel we would need to know.)

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**A Right-of-Way Permit and Inspection are required for all public sidewalk replacements.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_