

HERITAGE CONSERVATION PROGRAM

Claim Form



Please submit this form, along with copies of invoices, once rehabilitation work is complete. If you have any questions on how to complete this claim form, please contact the Heritage Coordinator by telephone: 975-2993, by fax: 975-7712 or email to heritage.conservation@saskatoon.ca

Applicant Information **Date of Application:** _____

Current Registered Property Owner (Applicant): _____

Address: _____ **Postal Code:** _____

Home Phone: _____ **Work Phone:** _____ **Fax:** _____

Email: _____

Location of Subject Property

Name of Property (if any): _____

Legal Description: Lot (s) _____ **, Block** _____ **, Plan No.** _____

Civic Address: _____

Project Expenses

1. On a separate piece of paper, list the expenses associated with the rehabilitation project. Remember to list estimated costs (based on quotations you originally submitted to us) along with the actual costs.
2. Attach copies of relevant invoices. Make it clear which items on the invoices are eligible for reimbursement under the Heritage Conservation Program and which items are not. (Note: These items were determined by the report to Council.)

The 2nd page of this form (Appendix A) provides you with an example of how to submit your list of expenses. The table provides space for the description of the work, estimated cost and actual cost.

Refund Cheque

If a refund cheque is to be issued to you for any reason (e.g. permit fees), please provide the following information to ensure you receive the cheque promptly.

Please make cheque payable to: _____

Mailing address for the cheque: _____

Declaration of Applicant

I/we, _____, the owner of the above mentioned property, verify that the information submitted with this claim form is true and accurate and the work was completed as stated.

Signature of Applicant : _____ Date: _____

ALL ITEMS SUBMITTED WITH THIS APPLICATION WILL REMAIN THE PROPERTY OF THE CITY OF SASKATOON

For Office Use Only:	
Approved By: Heritage Coordinator: _____	Date: _____
Branch Manager: _____	Date: _____

