



Request No. 2022-- \_\_\_\_\_

**APPLICATION**  
**CITY OF IDAHO FALLS**

**CURB AND GUTTER REPLACEMENT PROGRAM**

**TO BE COMPLETED BY APPLICANT**

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Curb & Gutter Replacement Address \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE CITY OF IDAHO FALLS**

Inspected By \_\_\_\_\_ Date \_\_\_\_\_

Replacement Quantity \_\_\_\_\_

Approved for Agreement \_\_\_\_\_ Date \_\_\_\_\_

Contractor \_\_\_\_\_

Permit No. \_\_\_\_\_ Completion Date \_\_\_\_\_

Accepted By \_\_\_\_\_ Date \_\_\_\_\_

Approved for Payment \_\_\_\_\_ Date \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_ Cost Code: 010-4603-541-63.50

Street Division Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Complete and sign top half of form and email to: [PWCGP@idahofalls.gov](mailto:PWCGP@idahofalls.gov) or fax to 612-8571

**Mail to:** City of Idaho Falls Street Division, P.O. Box 50220, Idaho Falls, ID 83405

**Bring to:** City of Idaho Falls Street Division, 2472 N. Holmes Avenue, Idaho Falls, ID 83401