

TOWN OF WEST BOYLSTON

MUNICIPAL BUILDINGS (MAINTENANCE) FUND REQUEST FORM

Department: _____

Original Date: _____

Contact Person: _____

Revised Date (if any): _____

Name of Building Needing Work: _____

☐ Please expedite (< 3 mo.)...Reason: _____

Desired Project Start Date: _____

☐ Re-submission

Times previously submitted: _____

Expected

Completion Date: _____

Item Requested: (attach quotes or other formal estimates)

Funding Plan

\$	Total Project Cost
-\$	From Department Operating Budget
-\$	From External Grant or Donor
-\$	Sub-total
\$	Requested from Municipal Buildings Fund

Justification (and Project Assumptions):

If you have more than one maintenance item/project, please submit a separate form for each one.

Approvals Section (for committee use only)

☐ Approved

☐ Rejected

Reason rejected:

Signature: _____

☐ Chair

☐ Vice-chair

Use following section only if invoiced amount exceeds amount approved.

Invoiced amount: _____

Amount to be paid: _____

Signature: _____

☐ Chair

☐ Vice-chair