

City of Colleyville  
 100 Main Street  
 Colleyville, TX 76034  
 817 - 503 - 1090

**Sidewalk Construction Acknowledgement  
 and Escrow Request Form**  
 (Please print clearly)



Part 1. Property Owner Information		Part 2. Applicant Information	
Site Street Address:		Name of Applicant	
Name of Property Owner:		Street Address of Contractor:	
Address of Property Owner:		City / State / Zip:	
City / State / Zip:	Telephone:	Relationship to Property Owner.:	Telephone:
Email Address of Property Owner:		Email Address of Applicant:	
Legal Description of Property:			

**Part 3. Description of Request**

**Check the appropriate boxes:**

Plan to construct the required sidewalks/trails associated with this project

Request consideration for the option for escrow in lieu of construction  
 (I understand payment of escrow is required prior to the issuance of any permits, and the funds may be used at any location within the neighborhood district)

**Description or justification for the escrow request:**

There is a drainage ditch where the sidewalk should be placed

My neighborhood is older and does not have sidewalks

I prefer not to construct the sidewalk

Other \_\_\_\_\_

**Description (Provide any addition information that you would like considered for your request):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Printed Name(Applicant): \_\_\_\_\_ Signature (Applicant): \_\_\_\_\_

**Part 4. For Office Use Only**

Reviewed by:	Staff Recommendation Escrow Option Approved:	City Manager Review* *only required for denial	Escrow Amount:	Receipt Number:	Date Escrow Paid
_____ P.W. Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____
<b>Comments &amp; Special Conditions:</b>					
_____					
_____					
<b>Distribution:</b>			Permit Number:		
<input type="checkbox"/> CRW <input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant					