



**FOOTING DRAIN DISCONNECTION PROGRAM GRANT FUND
RELEASE FORM**

I, _____ authorize the City of Altoona to pay my footing drain disconnection grant program reimbursement funds directly to the contractor(s), _____, who performed the work. I understand that I am financially responsible for paying all costs above the grant reimbursement to the contractor that performed the work.

Property Owner Signature

Print Property Owner Name

Property Address

Property Owner Phone Number

Date

Contractor Name: _____

Contractor Mailing Address: _____

Contractor Telephone number: _____

Contractor Name: _____

Contractor Mailing Address: _____

Contractor Telephone number: _____

Invoice(s) attached.