

**CITY OF VACAVILLE
BUILDING DIVISION**

PROJECT NO. _____

CONTINGENT REIMBURSEMENT INFORMATION

SUBDIVISION/UNIT # _____ LOT # _____

BUSINESS/PROJECT NAME: _____

ADDRESS: _____

A portion of the connection and/or impact fees may be reimbursable, as determined by the City of Vacaville.

If this is the case, and fees are reimbursed at a later date, please list to whom the reimbursement will be made.

Any Applicable Reimbursements will be sent to:

Company Name: _____

or

Owners Name: _____

Mailing Address: _____

City/State/Zip: _____

Please Print Your Name: _____

Your Title: _____

Your Signature: _____ Today's Date: _____

Special Instructions or Comments:

NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY THE BUILDING DIVISION OF ANY CHANGE IN THE IDENTITY OR ADDRESS OF THE PERSON OR COMPANY TO WHOM THE REIMBURSEMENT SHOULD BE SENT. SUCH CHANGE MUST BE IN WRITING AND DELIVERED TO:

**CITY OF VACAVILLE BUILDING DIVISION, 650 MERCHANT STREET, VACAVILLE, CA 95688.
PLEASE INCLUDE THE PROJECT NUMBER AND ADDRESS.**

IN EXECUTING THIS DOCUMENT, I AGREE, ON BEHALF OF THE OWNER OR COMPANY, TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CITY OF VACAVILLE, IT'S OFFICERS, AGENTS, AND EMPLOYEES AGAINST ALL LIABILITY AND DAMAGES THAT MAY ARISE AS A RESULT OF REIMBURSING THE PERSON OR COMPANY DESIGNATED IN THIS DOCUMENT OR ANY SUBSEQUENT AMENDMENT THERETO.

Building Division Copy (White)

Finance Dept Copy (Yellow)

Builder Copy (Pink)