

**APPLICATION FOR TAX ABATEMENT UNDER THE  
URBAN REVITALIZATION PLAN FOR  
WEST BEND, IOWA**

Date \_\_\_\_\_

\_\_\_\_\_ Prior Approval for  
Intended Improvements

\_\_\_\_\_ Approval of Improvements  
Completed

Address of Property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

Title Holder or Contract Buyer: \_\_\_\_\_

Address of Owner (if different than above): \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Existing Property Use: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Vacant

Proposed Property Use: \_\_\_\_\_

Nature of Improvements: \_\_\_\_\_ New Construction \_\_\_\_\_ Addition \_\_\_\_\_ General Improvements

Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated or Actual Date of Completion: \_\_\_\_\_

Estimated or Actual Cost of Improvements: \_\_\_\_\_

Tax Exemption Schedule is attached.

Signed: \_\_\_\_\_

