

# Village • Bloomfield • Town

Village-PO Box 609 | Town-PO Box 704 | N1100 Town Hall Rd | Pell Lake, WI 53157  
(262) 279-6039 Ext 1 | Fax: (262) 279-3545

## COST RECOVERY AGREEMENT

\_\_\_ Village      \_\_\_ Town

I/We, the undersigned, do hereby understand and agree that as an applicant or petitioner of the Village/Town of Bloomfield, I/We will be responsible for all normal fees payable by an applicant or petitioner (e.g. application fees, engineering fees, attorney fees, etc.). I/We further understand and agree to be responsible for any additional or consequential costs to the municipality because of my/our application or petition (i.e. engineering, legal, or other professional services). The Village Administrator may demand an advance be paid before a project moves forward at any phase and may demand additional advances as deemed necessary by the Village Administrator. All payments shall be paid within thirty (30) days of invoice or demand and must be paid prior to the Village/Town proceeding further with the application or petition, including, but not limited to holding public hearings, meetings, or issues of any permit or license. If payment is not made, said fees and costs may be assessed against the real property as a special charge.

I/We understand that the Village/Town of Bloomfield by and through their agents, representatives (elected or appointed), employees, successors or assignees make no representations of their findings. I/We forever hold them harmless of all liability whether found in tort or contract and, as such, agree to indemnify them of all claims arising out of these transactions.

### Project Information:

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Email:** \_\_\_\_\_

### Property Owner(s):

\_\_\_\_\_  
*Name – Print*

\_\_\_\_\_  
*Name – Signature* *Date*

\_\_\_\_\_  
*Name – Print*

\_\_\_\_\_  
*Name – Signature* *Date*

### Applicant (if different than Property Owner):

\_\_\_\_\_  
*Name – Print*

\_\_\_\_\_  
*Name – Signature* *Date*

OFFICE USE ONLY:	
Date Received:	Received by: