

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, engineer fees, attorney fees, etc.). I/We further understand and agree to be responsible for any additional or consequential costs to the municipality as a result of my/our application or petition (i.e. engineering, legal, or other professional services). All fees and costs shall be paid within thirty (30) days of invoice and must be paid prior to the issuance 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 founded in tort or contract and as such agree to indemnify them from 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: