



TOWN OF EASTON

P.O. Box 520, Easton, Maryland 21601

410-822-2525, fax: 410-820-8016

www.EastonMD.gov

REQUEST FOR CONCRETE WORK

Date _____ 20____

It is requested that the present curb/gutter/sidewalk in front of/adjacent to the property of (address) _____

Be modified by _____

For the purpose of _____

BILLING INFORMATION: PLEASE PRINT CLEARLY

Property Owner: _____

Billing Address: _____

Location of Work: _____

Work to be done: _____

Phone Number: _____

E-mail Address: _____

BELOW TO BE FILLED OUT BY PUBLIC WORKS DEPARTMENT

Approval: _____

Sidewalk (concrete) \$6.25/sq. foot X _____ sq. ft. = \$ _____

Sidewalk (brick) \$10.00/sq. foot X _____ sq. ft. = \$ _____

Curb \$40.00/linear foot X _____ lin. ft. = \$ _____

Valley Gutter \$55.00/linear foot X _____ lin. ft. = \$ _____

Apron (Residential) \$9.25/sq. foot X _____ sq. ft. = \$ _____

Apron (Commercial) \$12.25/sq. foot X _____ sq. ft. = \$ _____

Date Completed: _____

Subtotal = \$ _____

Cost to Town = \$ _____

Cost to Owner = \$ _____

I agree to pay Cost to Owner listed above.

Owner's Signature