

PROFESSIONAL SERVICES REIMBURSEMENT AGREEMENT

Pursuant to Town of Walworth, Walworth County, WI Ordinance No. 12142021-3, the undersigned agrees to reimburse the Town of Walworth for costs, expenses and fees charged the Town of Walworth by the Town Attorney, Town Plan Commission Attorney, Town Engineer, or other professional consultants retained by the Town, and which services relate to the following:

PROJECT NAME: _____

PROJECT ADDRESS: _____

SEND ALL INVOICES TO: _____
(NAME & ADDRESS)

TAX KEY NO.: _____

I represent and warrant to the Town that I am authorized to execute this Agreement on behalf of the Applicant and/or Property Owner, and in those cases where the Applicant and/or Property Owner is a corporation, limited liability company, partnership or other business entity (herein collectively "Business Entity"), I represent and warrant that the Business Entity is authorized to do business in the State of Wisconsin, is a Business Entity in good standing, and that I have been authorized to execute and bind the Business Entity to the terms and conditions of this Agreement.

RESPONSIBLE PARTIES OR PARTY

APPLICANT NAME, MAILING ADDRESS, SIGNATURE & DATE:

Printed Name	Signature (<i>Required</i>)	Date
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Mailing Address	Town	State	Zip
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Phone	Fax	E-mail
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PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE (If different than that of the Applicant):

Printed Name	Signature (<i>Required</i>)	Date
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Mailing Address	Town	State	Zip
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Phone	Fax	E-mail
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