HISTORY LIVES IN DUNCANSVILLE

315 14th Street Duncansville, PA 16635 | P: 814-695-9548 | Duncansvillepa.gov

Resident Request for Assistance Form

Date: _____

Resident Name (First and Last): _____

Resident Address: _____

Nature of Help Needed and Date(s) Requested:

_____

_____

_____

_____

_____

Waiver: I understand that the scope of the work described here has been determined by me and is to be performed on property I own in Duncansville Borough. I also understand that the Borough of Duncansville may alter or limit the scope of work based on the availability of staff or equipment or based on other factors determined relevant by the Borough in its sole discretion. I also recognize that the Borough of Duncansville makes no warranty or other claim relating to the timing or quality of the work. I hereby release the Borough of Duncansville, its officers, agents, and employees, for and from all liability and responsibility, including both direct and consequential damages, relating to the work, including but not limited to claims relating to the quality of the work or relating to damage to property or injury to persons resulting from the Borough of Duncansville's performance of this work.

Signature of Resident:_____ Date:_____

Borough Use Only Below This Line

Received by:_____ Date:_____

Approved to complete: Yes -- No Comments:_____

Approved or rejected by:_____ Date Completed:_____