

Beautification Program

City of Decatur, IN Mayors Youth Council

172 N 2nd St. Decatur, IN 46733

Reimbursement Form - Deadline September 2, 2025

Property Type (circle one) Rental Owner-Occupied

Applicant Name: _____

Property Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Description of project and actual cost (attach invoices and proof of payment for these invoices, marking which item/s are being requested for reimbursement)

Attach pictures of completed work

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I confirm the above statements and any information attached to this reimbursement form to be true. I also permit photos of my project to be used by the City Of Decatur.

Name: _____

Signature: _____ Date: _____