Rebuilding Together Petaluma
Facility Repair Application

Agency: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Contact Person? _____

Who owns this building? _____

Was the building constructed before 1978?_____ If so, when was it constructed?_____

Has the building been painted since 1978?_____

Are there signs of peeling paint? _____

I. Agency Information

Who are your clients: Elderly: _____ Disabled: _____ Low Income: _____

Children:_____

Number of clients using the facility on a daily basis: _____

Type of services provided:_____

II. Repair Work Needed: Please be as specific as possible when listing your concerns. Feel free to attach a separate sheet if needed.

Please list below the repairs/renovations you feel are necessary to stabilize or improve your facility. If possible, tasks should include **INDOOR** and **OUTDOOR** work. Please be as specific as possible about the work you need to have done.

_____

_____

_____

_____

_____

III. Other

For your facility to receive services, upon acceptance you will need to submit:

1. Copy of Lease
2. Proof of Insurance

Applicant's Signature: _____ Date: _____

Please Return To: **Rebuilding Together Petaluma, Inc.**
301 Payran Street
Petaluma, CA 94952

Questions: Call (707) 765-3944