



## Department of Public Works

Larry D. Nelson, P.E., City Engineer

### Engineering Division - Service Building

1600 Emil Street

Madison, Wisconsin 53713

PH 608 266 4537

PH 608 266 4088

TTY/Textnet 866 704 2315

[www.cityofmadison.com/publicworks](http://www.cityofmadison.com/publicworks)

### REPAIR REQUEST FORM

|                                                   |                                   |
|---------------------------------------------------|-----------------------------------|
| ADDRESS OF REPAIR<br>6909 STRATFORD DR.           |                                   |
| APPLICANT NAME (PRINT)<br>PARISI, MICHAEL & DIANE |                                   |
| ADDRESS<br>6909 STRATFORD DR                      |                                   |
| CITY, STATE, ZIP<br>MADISON, WI 53719             |                                   |
| HOME PHONE<br>608-445-9026 (Diane)                | WORK PHONE<br>608-516-4339 (Mike) |

I hereby request the City of Madison to install and special assess to said address, the following improvements:

| TYPE OF IMPROVEMENT         | AREA OF REPAIR | ESTIMATE    |
|-----------------------------|----------------|-------------|
| SIDEWALK REPLACEMENT        | SF             | \$          |
| NEW SIDEWALK                | SF             | \$          |
| CURB AND GUTTER REPLACEMENT | LF             | \$          |
| OTHER CONC APRON @ \$15 SF  | 142.5 SF       | \$ 2,137.50 |
| TOTAL                       |                | \$ 2,137.50 |

By virtue of this request, I hereby waive all rights to Public Hearings on these matters.

Owner's Signature Diane M Parisi Date 7-17-24

Return to: CITY ENGINEERING DIVISION  
1600 EMIL ST  
MADISON WI 53713

OFFICE USE ONLY:

PARCEL NUMBER 060801302047 DATE MARKED 7-17-24



## Department of Public Works

Robert F. Phillips, P.E., City Engineer

Engineering Division - Service Building

1600 Emil Street

Madison, Wisconsin 53713

PH 608 267 1197

FAX 608 267 1123

[www.cityofmadison.com/publicworks](http://www.cityofmadison.com/publicworks)

### REPAIR REQUEST FORM

|                                                              |                                   |
|--------------------------------------------------------------|-----------------------------------|
| ADDRESS OF REPAIR<br><u>6914 STRATFORD DR</u>                |                                   |
| APPLICANT NAME (PRINT)<br><u>Mike Rowland, ROSE DOUKETTE</u> |                                   |
| ADDRESS<br><u>6914 STRATFORD DR.</u>                         |                                   |
| CITY, STATE, ZIP<br><u>MADISON, WI 53719</u>                 |                                   |
| HOME PHONE<br><u>608-695-1290</u>                            | WORK PHONE<br><u>608-274-5469</u> |

I hereby request the City of Madison to install and special assess to said address, the following improvements:

| TYPE OF IMPROVEMENT                | AREA OF REPAIR   | ESTIMATE           |
|------------------------------------|------------------|--------------------|
| SIDEWALK REPLACEMENT               | SF               | \$                 |
| NEW SIDEWALK                       | SF               | \$                 |
| CURB AND GUTTER REPLACEMENT        | LF               | \$                 |
| OTHER <u>CONC. APRON @ \$15 SF</u> | <u>161.25 SF</u> | <u>\$ 2,418.75</u> |
| TOTAL                              |                  | <u>\$ 2,418.75</u> |

☒ Estimate is in addition to the original assessment.

By virtue of this request, I hereby waive all rights to Public Hearings on these matters.

Owner's Signature Rose Doukette Date 7/17/24

Return to: CITY ENGINEERING DIVISION  
1600 EMIL ST  
MADISON WI 53713

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OFFICE USE ONLY:

PARCEL NUMBER 060801303318

DATE MARKED 7/17/24