



Our mission is to create a sustainable, vibrant Downtown that is the heart and soul of our city by showcasing our unique destination and history, and by nurturing our sense of community.

RMS Façade Enhancement Grant Program Agreement

The undersigned building owner(s) and business owners/tenants(s) acknowledge the applicant as

_____ and affirms that:

1. The information submitted herein is true and accurate to the best of my (our) knowledge.
2. I (we) have read and understand the RMS Façade Improvement Program: introduction, requirements and conditions.
3. I (we) agree to comply with all requirements and conditions.
4. Grant award may be noted in RMS social media and press releases.

Printed Property Owner Name*: _____

Address: _____

Phone: _____ Email: _____

Property Owner Signature: _____ Date: _____

_____ *Owner as determined by the Clark County Tax Assessor's Office

Printed Business Owner/Tenant Name:

_____ Address:

_____ Phone:

_____ Email: _____

Business Owner/Tenant Signature: _____ Date: _____

WA ST Business License #: _____

[if more than one owner/tenant] Business Owner/Tenant

Print Name: _____

Address: _____

Phone: _____ Email: _____

_____ Business Owner/Tenant Signature:

_____ Date: _____ WA ST Business License #:

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