

Borough of Red Hill

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**REQUEST FOR EXTENSION TO COMPLETE SIDEWALK
REPAIR/REPLACEMENT**

Name _____

Mailing Address _____

Phone _____

Email _____

Reason for Extension _____

Date of Original Letter: _____

Original Permit Number: _____ Permit Issue Date: _____

Extension GRANTED / DENIED

The extension being granted, work is to be completed by: _____

Signature of Resident _____

Date: _____

Printed Name: _____

Borough Staff

Date: _____