



Application Form

For Walden's Staff Only:

<i>Is Parcel in Exhibit B Area?</i> Yes/No	<i>Is Contact the Owner?</i> Yes/No
<i>Parcel Tracking Number: MARB-_____</i>	<i>Application Tracking Number: MARB-APP-_____</i>

Date: _____

Name: _____

Parcel Exact Address: _____

Are you (Circle): Contact/Owner/Renter/Alternative Contact/Other Specify: _____

Address: _____

Phone Number: _____

E-mail: _____

Preferred Contact Method (Circle): Mail/Phone/E-mail/Other Specify: _____

Describe the Problem(s) you are experiencing at the Parcel:

- | | |
|---|---|
| <input type="checkbox"/> Drinking Well Problem(s) | <input type="checkbox"/> Flooding in Structure |
| <input type="checkbox"/> Flooding Outside Structure | <input type="checkbox"/> Malfunction of Sewage System |
| <input type="checkbox"/> High Water Table | <input type="checkbox"/> Foundation Problem(s) |
| <input type="checkbox"/> Other Damage to Property (Specify below) | |
| <input type="checkbox"/> Other Problem(s) (Specify below) | |

☐ Other or More Details, please specify: _____

Is an Access Agreement signed and attached? **Yes/No**

Is the property rented to another party? **Yes/No**

If so, is an Access Agreement from both the renter and owner signed and attached? **Yes/No**

Documentation and Attached Pictures if given.