



CITY OF BULLHEAD CITY

HUMAN SERVICES DEPARTMENT

Housing Division

2355 Trane Rd.

Bullhead City, AZ 86442-5733

(928) 763-9400 FAX (928) 763-0131

WORK DESCRIPTION CONCURRENCE CONTRACT NAME: (OWNER'S NAME)

I, (Property Owner's Name), am in concurrence that the repairs addressed in the attached work write-up for the Bullhead City Housing Rehabilitation Program have been inspected and determined by the Housing Inspector to be eligible for the Housing Rehabilitation Program.

BY SIGNING BELOW, I AM AUTHORIZING THE BULLHEAD CITY AUTHORITY TO PROCEED WITH THE PROCESS OF REHABILITATING THE STRUCTURE ON MY PROPERTY.

Homeowner _____ Date _____

Homeowner _____ Date _____