



West Pikeland Township

Township Reimbursement Agreement

I (WE) hereby agree to reimburse West Pikeland Township for all fees and expenses the Township may incur for the review and inspection of the plan by the Township and its consultants.

Owner Signature _____ Date _____

Print Owner Name _____

Applicant Signature _____ Date _____

Print Applicant Name _____

** Both the Owner and Applicant signatures are required.