

Santa Cruz County Redevelopment Agency  
Project Suggestion Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please indicate Project type:**

- |  |   |
|--|---|
| <input type="checkbox"/> Parks, Open Space, and Community Facilities     | <input type="checkbox"/> Transportation and Pedestrian Improvements |
| <input type="checkbox"/> Economic Vitality and Small Business Assistance | <input type="checkbox"/> Affordable Housing                         |

**Please describe your proposed Project. Please print.**

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**For the 5-year Plan, please submit by JUNE 30, 2009.**

**Thank you for your interest in your community.**

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