

**Midland Tax Increment Reinvestment Zone (TIRZ) No. 1
Project Information Form**

The TIRZ Board welcomes all inquiries. Please provide the following initial information so that we can familiarize ourselves with your project.

Date: _____

Name of Applicant: _____

Contact Person: _____

Phone number and email: _____

Address to send correspondence to: _____

Address of property to which improvements will be made: _____

Please attach a brief description of your proposal, including the estimated timeline, cost, and expected benefits to the TIRZ area. More detailed information may be requested in the future as we proceed with the evaluation process.

Mail, email or fax this completed form and any attachments to:

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