

## **Downtown Victoria Business Association**

20 Centennial Square Victoria, BC V8W 1P7 250-386-2238 info@downtownvictoria.ca

## **BROKEN WINDOWS FUND APPLICATION FORM**

This program is a collaboration with the City of Victoria; the intent is to expedite repairs to businesses' windows, doors, and locks. Funding is available on a first-come, first-served basis to all Victoria businesses who experience these forms of vandalism or break-in between January 1<sup>st</sup> 2023 and December 31<sup>st</sup> 2023. A one-time maximum of \$1000 will be provided.

| Name of Business:  Physical Address (including postal code): |                                                                                                                                                               |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                              |                                                                                                                                                               |
| Mailing Address (if different than above):                   |                                                                                                                                                               |
| Preferred means of contact:                                  |                                                                                                                                                               |
| Date and Time of vandalism:                                  |                                                                                                                                                               |
| Victoria Police Department File Number:                      |                                                                                                                                                               |
| If no, please explain why it will not be covered: _          | through your insurer?                                                                                                                                         |
|                                                              | rvice under agreement with the City. This program is at disclose your information to any third party and will hauthorized City Staff as needed and requested. |
| Signature of Applicant:                                      | Date:                                                                                                                                                         |
| Approved by:                                                 | Date:                                                                                                                                                         |

**DVBA Executive Director**