

CITY OF JENNINGS
RESIDENTIAL SEWER LATERAL REPAIR PROGRAM
CLAIM FORM

Address of property with defective sewer _____

Name of Resident _____

Daytime phone # _____ Evening phone # _____

IF DIFFERENT: Name of Property Owner _____

Address of property owner _____

Phone # of property owner _____

Description of sewer problem: _____

When did you first become aware of the problem? _____

Does sewer backup occur only during heavy rainfall? _____

When did a plumber cable your line? _____

When was MSD contacted? _____

When did a plumber camera your line? _____

Name/phone # of plumber _____

Is defective area under a street, sidewalk or neighbors yard? _____

Signature (resident) _____

Signature (property owner if different) _____

Signature of Property Owner Required!

Please return this form with copies of receipts from plumber(s) to:

**Jennings City Hall, Department of Public Works
2120 Hord Avenue
Jennings, MO 63136
ATTN: Richard Engelhard**

(Office Use Only)

Verification:

No prior notice from MSD _____

(Bldg. Dept.)

Taxes Paid _____

(Collector)

Work complete, inspected by _____

(Bldg. Dept.)