



SEWER LATERAL REPAIR PROGRAM APPLICATION

NAME: _____ DATE: _____

PROPERTY ADDRESS: _____ PHONE: _____

DESCRIPTION OF SEWER PROBLEM:

Has the sewer lateral been cleaned?	YES	NO
Is sewer backing up into basement?	YES	NO
Is cabling/cleaning bill and history attached?	YES	NO
If cave-in in street, has MSD been notified?	YES	NO

Property owner signature/Date _____

A \$400 deposit is required for cabling and t.v. inspection, which is the homeowner's responsibility. These costs will be deducted from the deposit, and any remaining funds returned to the homeowner.

CITY USE ONLY	
Date received:	Application Number:
Deposit paid: <input type="radio"/> Yes <input type="radio"/> No	Amount Paid: \$ _____
Sewer lateral tax paid: <input type="radio"/> Yes <input type="radio"/> No	Receipt No.: _____
Utility bill current: <input type="radio"/> Yes <input type="radio"/> No	
Cabling bills/history attached: <input type="radio"/> Yes <input type="radio"/> No	
Date Arrow Drain notified:	
Date Arrow Drain information received and attached:	
Defect found: <input type="radio"/> Yes <input type="radio"/> No	If No, Amount of Refund: \$ _____
Date Homeowner notified of findings:	
Date homeowner given list of authorized plumbers and brochure:	