

CITY OF NORMANDY  
SEWER LATERAL REPAIR PROGRAM  
RESIDENT APPLICATION FORM

1. REVIEW SEQUENCE OF EVENTS FOR BROKEN SEWER LATERAL
2. FILL OUT FORM BELOW
3. IN ORDER TO QUALIFY FOR THE PROGRAM, YOU MUST ATTACH A COPY OF THE MOST RECENT CABLING BILL. IF AVAILABLE, PROVIDE ANY HISTORY YOU HAVE AVAILABLE ON PROBLEMS WITH THE SERVICE LINE. (EITHER ATTACH SEPARATELY OR WRITE ON THE BACK OF THIS FORM.)
4. RETURN FORM TO NORMANDY CITY HALL, 7700 NATURAL BRIDGE ROAD, 63121.
5. **REMINDER:** IF A TV SURVEY CAMERA OF THE LINE DETERMINES THAT IT IS NOT ACTUALLY BROKEN, THE COST FOR THE TV SURVEY SERVICE WILL BE ASSUMED BY THE HOMEOWNER.

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Address, City, State and Zip

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
Work phone number