



**SEWER LATERAL REPAIR PROGRAM
APPLICATION**

NAME: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

BEST PHONE NUMBER: _____

E-MAIL: _____

DESCRIPTION OF SEWER PROBLEM:

Is sewer currently backing up into basement?	YES	NO
If cave-in in street, has MSD been notified?	YES	NO

Applicant's signature

A \$400 deposit is required for cabling and video inspection, which is the applicant's responsibility. These costs will be deducted from the deposit, and any remaining funds returned to the applicant.

CITY USE ONLY

Date received:			
Deposit paid:	<input type="radio"/> Yes <input type="radio"/> No	Amount Paid: \$	Receipt No.:
Sewer lateral tax paid:	<input type="radio"/> Yes <input type="radio"/> No		
Utility bill current:	<input type="radio"/> Yes <input type="radio"/> No		
Defect found:	<input type="radio"/> Yes <input type="radio"/> No	Permit: #	Date: Finaled:
River City Invoice No.		Amount: \$	Refund: \$
Contractor:		Total Invoice: \$	City Paid: \$