



Permit # _____

SEWER LATERAL REPAIR PROGRAM APPLICATION

DATE: _____ Homeowner Agent Other _____

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

BEST PHONE NUMBER: _____

E-MAIL: _____

DESCRIPTION OF SEWER PROBLEM:

Is sewer 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 Checklist		*Check Tax/Utility Paid, MUST be current to apply for program			
Deposit paid - \$400 <input type="checkbox"/> Yes <input type="checkbox"/> No	Refund Amount – Date	Check Number		Date Mailed	
Sent to River City <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice #	Amount	Date Refund	Check #	Date Mailed

Approved or Denied for the program

Three Bids From					
Amount					
Selected PL Contr.	Invoice #	Amount	Date Refund	Check #	Date Mailed

Invoice & Lien waiver submitted log on Spreadsheet FY20 (y: drive, WORD, Sewer Lateral – Building Dept)