

**CITY OF ALEDO WATER AND SEWER LATERAL REPAIR REIMBURSEMENT PROGRAM APPLICATION**

**Enrollment Request:** I request enrollment in the following program(s) for the property described below (**check one**):

- Sewer Lateral Repair Program (\$25 Non-refundable Application Fee)
- Water Lateral Repair Program (\$25 Non-refundable Application Fee)
- Sewer Lateral Repair Program **AND** Water Lateral Repair Program (\$25 Non-refundable Application Fee)
- Annual Billing
- Monthly Billing

**Property Information**

Property Address: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_  
Water / Sewer Account Number: \_\_\_\_\_

**Property Owner Information**

Property Owner Address: \_\_\_\_\_  
Property Owner Telephone: \_\_\_\_\_ (day) / (night)

**Certification:** I hereby certify that:

1. I am the owner or contract purchaser of the property,
2. The (  ) sewer lateral / (  ) water lateral for the subject property is in working order, and the property does not have ground water attached to sanitary sewer by forced means(Sump Pump)
3. I have read and I accept the terms in the (  ) "*Sewer Lateral Repair Program Agreement*"
4. I have read and I accept the terms in the (  ) "*Water Lateral Repair Program Agreement*"
- (OPTIONAL) 5. **\* (  ) I hereby commit to remain enrolled in the Sewer Lateral Repair Program for 2 years in accordance with the Roll Out Period Option (see Agreement)**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**City Acceptance**

The property described above is hereby enrolled in the (  ) Sewer Lateral Repair Program / (  ) Water Lateral Repair Program with the following stipulations: \_\_\_\_\_  
\_\_\_\_\_

Public Works Director \_\_\_\_\_ Date \_\_\_\_\_

**City Denial**

The property described above will not be enrolled in the (  ) Sewer Lateral Repair Program / (  ) Water Lateral Repair Program at this time for the following reasons: \_\_\_\_\_  
\_\_\_\_\_

Public Works Director \_\_\_\_\_ Date \_\_\_\_\_

Scanned: \_\_\_\_\_ Comment Code: \_\_\_\_\_