



City of Dellwood
 1415 Chambers Rd.
 Dellwood, MO 63135
 Phone: (314) 521-4339 Fax: (314) 521-4699

CITY OF DELLWOOD SEWER LATERAL REPAIR PROGRAM
RESIDENT APPLICATION

Fillable/Printable Form Only

NAME:

ADDRESS:

PHONE:

DATE:

| | YES | NO |
|---------------------------------------|--------------------------|--------------------------|
| HAS THE PLUMBER BEEN CONTACTED? | <input type="checkbox"/> | <input type="checkbox"/> |
| HAS MSD BEEN CONTACTED? | <input type="checkbox"/> | <input type="checkbox"/> |
| IS DEFECTIVE AREA IN STREET? | <input type="checkbox"/> | <input type="checkbox"/> |
| IS DEFECTIVE AREA IN NEIGHBOR'S YARD? | <input type="checkbox"/> | <input type="checkbox"/> |

For Office Use Only

Date Rcvd: _____ Deposit Rcvd: _____ Circle one: cash/ check/money order/cc

App and Deposit Rcvd by : _____ *If Applicable:* Refund Issued On: _____

Circle one: Break /Block

PLEASE DESCRIBE IN DETAIL THE SEWER LATERAL REPAIR PROBLEM:

I have read the rules and regulations of this program. I understand that if it is determined that I am delinquent in paying my Sewer Lateral Fees, I will not qualify for the Sewer Lateral Program. I understand that any costs, including diagnostics and repairs over the amount of the \$5,000 maximum coverage is my responsibility as the homeowner. I further authorize the City or City Subcontractor to enter onto my property and perform all necessary diagnostic and repair work as may be required to repair my sewer lateral. I have submitted the \$125 deposit with this application, and I understand that if no break is found, my deposit will not be refunded.

Signature: (Type in name for electronic signature)

Date:

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Date Bids Sent Out: _____ Repair Scheduled For: _____ Resident Notified On: _____

By: _____ Repairs Completed on: _____