



Office Use Only
Date Submitted: _____
Investigation Assigned: _____
Repair Assigned: _____

City of St. Ann, Missouri
SEWER LATERAL REPAIR PROGRAM APPLICATION

PROPERTY OWNER CONTACT INFORMATION

NAME: _____

ADDRESS: _____
 (of property where defective sewer lateral is located)

TELEPHONE: _____ EMAIL: _____

DESCRIPTION OF PROBLEM:

(location of backup, water usage during backup, number of backups observed, etc.)

By signing below, the property owner has certified that permission is hereby granted to the City of St. Ann, Missouri to perform investigation of, and if necessary, repair of the residential sanitary sewer lateral at the above referenced address pursuant to Chapter 535 of the City of St. Ann Code of Ordinances. I understand and agree to pay the City of St. Ann 25% of the total cost of the repair for the sewer lateral. A deposit of \$1,250.00 will be required at the time of application. If the cost of the 25% of the sewer lateral project is more than this amount, the City will bill the property owner for the remainder of their 25% portion and is due within 30 days of the invoice date. If the repair is less than the \$1,250.00, the City will reimburse the property owner the difference.

The foregoing information is true to the best of my knowledge and agree to the requirements.

Property Owner Signature

STATE OF MISSOURI)
 COUNTY OF ST. LOUIS)
 CITY OF _____)

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public
 My Commission Expires:
