



Private Sewer Lateral Rehabilitation Assistance Program Application

Property Owner(s) Name(s):						
Property Address:						
Tax Assessor's Parcel No:						
Mailing Address (if different):						
City:		State:		Zip Code:		
Home Phone:		Mobile:		Email:		
Amount you are requesting:				Estimated date work will begin:		
Is this a Late Application filed within 90 days of completing the work?		Yes	No	Date work Completed: (Late Application only)		
Checklist for submission:						
Quotes for Work to be Performed:	Three Quotes for the Work to be performed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
		If No Why?	Emergency <input type="checkbox"/>			
			Doing Work Myself <input type="checkbox"/>			
Video Inspection: Executed licensed contractor or plumber which clearly identifies the property address?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
		Your application will be rejected				

I certify by signing this application that I am (we are) the legal owner of the property described herein. I am (we are) aware that the submission of this document does not constitute that Contractual Assessment Funds have been approved by LGVSD. I have read the requirements for the Private Sewer Lateral Rehabilitation Assistance Program and am aware that a letter will be issued advising if Contractual Assessment Funds have been approved. **Any work performed prior to receiving a letter of obligation from LGVSD is performed at my own risk and cost. I understand that not all applications will be granted. I understand all applications are subject to a Pipeline Assessment Certification Program (PACP) rating which will be reviewed by LGVSD in determining the eligibility for assistance.**

Signature: _____

Date: _____

Signature: _____

Date: _____