



# CITY OF FRONTENAC

## APPLICATION FOR RESIDENTIAL SEWER LATERAL REPAIR PROGRAM

Date application submitted: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Owner: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Street City State Zip Code

Phone No.: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Evening

Address of Owner (if different from property address):

\_\_\_\_\_  
Street City State Zip Code

**By signing this application, the applicant agrees that the City of Frontenac, Missouri is not responsible for any actions taken by the contractor or subcontractor hired by the applicant and that the City of Frontenac is not liable for any damage or liability incurred by either contractors, subcontractors and/or applicant. Applicant understands that the City of Frontenac is not guaranteeing the work of any contractor or subcontractor, nor insuring the contractors, subcontractors and/or applicant against a loss of any kind, nor indemnifying contractors, subcontractors and/or applicant. By signing this application, the applicant, also certifies that he/she is the owner of record and agrees to comply with all the rules and regulations of the City of Frontenac, Missouri.**

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Attached is a copy of the Policy and Procedures for the program along with a checklist to assist you in your submittal and identifies additional information required with your application. Please submit the application with attachments to the City of Frontenac, Public Works Department, 10555 Clayton Road, Frontenac, MO 63131. **Incomplete applications or applications not containing all the required information will not be accepted.**





# CITY OF FRONTENAC

## **REQUEST FOR REIMBURSEMENT** RESIDENTIAL SEWER LATERAL REPAIR PROGRAM

Date of Request: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Owner: \_\_\_\_\_  
Last Name First Name Middle Initial

**Total Amount Requested for Reimbursement** \_\_\_\_\_ \$ \_\_\_\_\_ .00

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

The City will issue a reimbursement check directly to the owner(s) of record as listed with the St. Louis County Recorder of Deeds office, not to exceed the lowest bid, up to a maximum of thirty-four hundred dollars (\$3,400.00).

### **Owner's Reimbursement Submittal Checklist:**

Verification of final approval by the St. Louis County Plumbing Inspection Department

Written verification of acceptance of the repair work by the homeowner

Notarized paid receipt and itemized bill for the repair.

**Incomplete request application or request not containing all of the required information will not be accepted.**