



RESIDENTIAL SANITARY SEWER LATERAL REPAIR PROGRAM APPLICATION

Property Owner _____ Date _____

Address of Property with defective sanitary sewer line _____

Address of Property Owner if different than above _____

Daytime Phone _____ Evening Phone _____

Description of sewer lateral problem _____

I/we have read, and fully understand, the City of Chesterfield Residential Sanitary Sewer Lateral Repair Policy and Procedures, and hereby agree to abide by said Policy and Procedures.

Signature(s): _____ Date _____

INSTRUCTIONS:

1. Complete this form and the attached Hold Harmless Agreement.
2. Attach a copy of the most recently paid bill for sewer cabling.
3. Attach a copy of the paid real estate tax bill from the property. If you do not have one (if paid by a mortgage company) you may call St. Louis County Real Estate at 314-615-5500 and request a duplicate copy.
4. Submit a check made out to the City of Chesterfield for the \$100 application fee. The application fee is non-refundable.
5. Mail completed form, completed Hold Harmless Agreement, paid cabling bill, paid real estate tax bill, and check to:

**City of Chesterfield/Sewer Lateral Program
690 Chesterfield Parkway West
Chesterfield, MO 63017**

Following receipt of this information, the Department of Public Services will initially evaluate the application; if necessary arrange for MSD to dye test the lateral; and arrange to have the lateral televised to determine the nature and location of the defect. The City's TV inspection contractor will notify you by phone to set up a date and time for the TV inspection. Following receipt and review of the TV inspection, the City will send a letter to you advising you of the results of the investigation and whether the lateral is defective and the repair is reimbursable under this Program.

**DEPARTMENT OF PUBLIC SERVICES
PHONE: 636-537-4762 FAX: 636-537-4798/4799**

