



SLRP #

\$150.00 APPLICATION FEE

SEWER LATERAL REPAIR PROGRAM APPLICATION

IMPORTANT NOTICE

APPLICANT MUST DEMONSTRATE A HISTORY OF CLEARING BLOCKAGES CAUSED BY ROOTS AT A FREQUENCY GREATER THAN ONCE ANNUALLY. Repair subject to \$3,000 cap under the Ballwin Sewer Lateral Repair Program.

DATE: _____

ADDRESS OF REQUESTED REPAIR: _____

OWNER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

The undersigned acknowledges that he/she have carefully read and understand the guidelines and requirements for participating in the City of Ballwin's sewer lateral repair program.

OWNER SIGNATURE _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

APPLICATION REVIEW

BY: _____

DATE: _____

APPLICATION RECEIVED

BY: _____

DATE/TIME: _____

- NOT APPROVED
- APPROVED

- DVD/VIDEO RECEIVED
- \$150.00 FEE CASH CHECK # _____
- PD ST LOUIS COUNTY REAL ESTATE TAXES

COMMENTS: _____
