



SANITARY SEWER LATERAL PROGRAM APPLICATION

(Applicant fills out top portion of form)

Sanitary Sewer Lateral Program Tracking Number: _____

(Crestwood personnel will fill in later)

Date of Application: _____

Residential Contact: _____ or MSD Referral: _____ Date: _____ Service #: _____

Date report received from MSD: _____ MSD Problem: _____ Resident Problem: _____

Homeowner Name(s): _____

Homeowner Address w/zip: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Problem Reported By: _____

Cabling bills/history available: Yes _____ No _____ Is the line functioning: Yes _____ No _____

Has the resident attempted to have the sewer lateral line opened: Yes _____ No _____

If "YES", type of work performed: Cable: _____ Camera: _____ Locate: _____

INVESTIGATIONS: CABLE/CAMERA/LOCATE

(Crestwood personnel fills out bottom portion of form)

Contractor: _____ By: _____

Date Contractor notified: _____ By: _____

Date tape or cabling report received: _____ By: _____

Date reviewed by Project Manager/CEO: _____ By: _____

Repair Found: Yes _____ No _____ Emergency: Yes _____ No _____

Approved: Length of Lateral: _____ Depth: _____ Clean Out: _____ By: _____

If NO REPAIR, date Denial Letter was sent: _____ By: _____

Date prepared for payment of Cable/ Camera/Locate: _____ By: _____

Date prepared for payment of Re-Camera/Cable: _____ By: _____

Date of payment for repair: _____ By: _____

Street work involved and Street Supervisor contacted: Yes _____ No _____ By: _____

Additional work required: _____

Date Completion Letter sent: _____ By: _____