



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 \$200 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 Works 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 WORKS
PHONE: 636-537-4762 FAX: 636-537-4798/4799

SANITARY SEWER LATERAL REPAIR PROGRAM
HOLD HARMLESS AGREEMENT

_____ shall release, protect, indemnify, and hold harmless the City of Chesterfield from any loss, damage, liability, and expense for all injuries, including death to persons or damage to property directly or indirectly arising or growing out of the performance of the City of Chesterfield's Sanitary Sewer Lateral Investigation and/or Repair Contractor, and the City of Chesterfield Department of Public Works entering their property at _____ for the benefit of resident.

_____ shall hold the City of Chesterfield harmless from and shall answer and defend any action instituted against the City of Chesterfield for any loss, damage, or injury sustained by any person resulting from the performance of the City of Chesterfield's Sanitary Sewer Lateral Investigation and/or Repair Contractor, and the City of Chesterfield Department of Public Works entering their property at _____ to videotape, and/or repair the sewer lateral for the benefit of resident.

Signature

Signature

Notary Public please complete:

STATE OF MISSOURI }
 } SS
 COUNTY OF ST. LOUIS }

On the _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

Notary Public

My Commission Expires
