

APPLICATION FOR REIMBURSEMENT OF COST FOR LEAD WATER SERVICE LINE REPLACEMENT



RETURN APPLICATION TO:

City of Madison Water Utility
119 E. Olin Avenue
Madison, Wisconsin 53713
Telephone: 608-266-4651

Eligible applicants will receive reimbursement for one-half the cost (not to exceed \$1,000) of replacing their lead water service line. *This application form will not be accepted unless it is filled out completely, signed, dated, and returned with all copies intact.*

1. Print your full name here: _____
Last First M.I.

2. Print address where lead service line was replaced below:

3. Print name of property owner below, if different from Line 1 above:

(Reimbursement check will be made payable to the property owner.)

4. In what calendar year did you or the owner listed above have the lead service line replaced at the above address? _____ (Year)

5. What amount was paid to a licensed plumber to replace the lead service line? \$ _____

A COPY OF THE PAYMENT RECEIPT FROM A LICENSED PLUMBER MUST ACCOMPANY THIS APPLICATION IN ORDER TO BE ELIGIBLE FOR REIMBURSEMENT

I hereby certify that the information provided on and with this application is true and accurate to the best of my knowledge.

Signature (Application must be signed.)

Print owner's mailing address
(where check will be sent):

Date (Application must be dated.)

Daytime Phone

FOR AGENCY USE ONLY

SRVY STMT _____

SVC APP _____

PD RCPT _____

PMT AMT _____

PMT AUTH _____

ACCT NO: SO64-54989

Any person who violates any provision of Sec. 13.18, Madison General Ordinances, Lead Service Line Replacement, may be subject to a forfeiture of between \$50 and \$500 per day of violation.