

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.)

Date (Application must be dated.)

Daytime Phone

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

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.

FOR AGENCY USE ONLY	
SRVY STMT	_____
SVC APP	_____
PD RCPT	_____
PMT AMT	_____
PMT AUTH:	_____
ACCT NO: SO64-54989	