

**VILLA PARK SEWER REIMBURSEMENT PROGRAM
REQUEST FOR ELIGIBILITY DETERMINATION**

APPROVED

(CHECK ALL THAT APPLY)

Y N

___ I wish to install a check valve in my building sewer.

___ It has been determined by _____ that a ___ driveway,
(Name of Village inspector)
___ stairwell, or other ___ area drain on my premises located at _____ is
(Street address)
connected to the Village's sanitary or combined sewer system and financial assistance
for the corrective work is requested.

___ It has been determined by _____ that a ___ broken or ___ collapsed
(Name of contractor)

building sewer has been located within the Village right-of-way in the _____
(Street or parkway)

adjacent to _____ Villa Park, Illinois at a distance of
(address)
___ feet from _____ and was caused by _____
(point of rodding)

___ I wish to initiate (check one) ___ point repairs or ___ complete replacement of the
building sewer.

___ I/We have determined/confirmed that exterior footing drains exist and are
connected to the sanitary sewer and will be disconnected.

___ It has been verified by OT2 Service Request # _____, _____, or attached receipts that
sewer backups/sewer service line problems have been recorded.

Therefore I/we _____ request to be granted eligibility to receive
(Owner name)

reimbursement for repair or replacement of the building sewer located within the Village right-
of-way. **I UNDERSTAND THAT ELIGIBILITY IS NOT A GUARANTEE OF
FINANCIAL ASSISTANCE.**

DATE: _____

PUBLIC WORKS VERIFICATION

DATE: _____

OWNER OR CONTRACTOR

PHONE NUMBER (HOME/WORK)

APPROVED BY