

**APPLICATION FOR PARTICIPATION IN THE CITY OF COLUMBIA
COST REIMBURSEMENT PROGRAM
FOR THE INSTALLATION OF PRESSURE SEWERS, BACKFLOW PREVENTION
DEVICES OR REMOVAL OF PLUMBING FIXTURES**

I/We hereby request participation in the Wheaton Sanitary District Cost Reimbursement Program for the Installation of Overhead Sewers or Backflow Prevention Devices, hereinafter called "the Program".

I/We own, and this application is for, the following described property:

Address: _____

Legal Description: _____

I/We have received a copy of the Program Requirements attached to and made a part of this application.

I/We agree to allow the City of Columbia or its representatives to make any and all inspections and testing as detailed in the Program Requirements.

I/We have received a copy of the Agreement for Cost Reimbursement Program and understand that said Agreement must be signed upon notice of preliminary approval as detailed in the Program Requirements.

Dated this ____ day of _____, _____.

Printed Name

Signature

Printed Name

Signature

Phone Number

Mailing Address