



Office Use Only

Date Submitted: _____
Investigation Assigned: _____
Repair Assigned: _____

City of St. Ann, Missouri
SEWER LATERAL REPAIR PROGRAM APPLICATION

CONTACT INFORMATION

NAME: _____

ADDRESS: _____
(of property where defective sewer lateral is located)

TELEPHONE: _____ EMAIL: _____

DESCRIPTION OF PROBLEM:
(location of backup, water usage during backup, number of backups observed, etc.)

By signing below the property owner has certified that permission is hereby granted to the City of St. Ann, Missouri to perform investigation of, and if necessary, repair of the residential sanitary sewer lateral at the above referenced address pursuant to Chapter 535 of the City of St. Ann Code of Ordinances.

Signature: _____ Date: _____