



APPLICATION FOR LEAD AND GALVANIZED WATER SERVICE LINE REPLACEMENT PROGRAM

APPLICANT INFORMATION

| | |
|---|--------|
| Property Address: | |
| Owner Name(s): | |
| Owner Address: | |
| Phone: | Email: |
| Tenant Name (if applicable): | |
| Property Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multifamily <input type="checkbox"/> Daycare <input type="checkbox"/> School | |
| Property Owner: Individual(s) <input type="checkbox"/> Yes <input type="checkbox"/> No LLC <input type="checkbox"/> Yes <input type="checkbox"/> No Trust <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PREFERRED PLUMBING CONTRACTOR INFORMATION

Two bids must be acquired and attached from the list of prequalified plumbing contractors

| | | |
|---------------------|------|--------|
| Name: | | |
| Address: | | |
| Phone: | Fax: | Email: |
| Contract Amount: \$ | | |

The undersigned property owner certifies all information is true and correct and agrees to all terms and conditions of the Lead and Galvanized Water Service Line Replacement Program Policy and the Program Funding conditions.

| | | |
|-----------------|------------|-------|
| _____ | _____ | _____ |
| Owner Signature | Print Name | Date |

| | | |
|-----------------|------------|-------|
| _____ | _____ | _____ |
| Owner Signature | Print Name | Date |

Return Application Documents 1–3 with the \$150.00 application fee to:

City of Chippewa Falls
Attn: LSL Program
30 W Central St, Engineering Dept
Chippewa Falls WI 54729

Email: Utility@ChippewaFalls-WI.gov
Phone: 715-726-2741