



**CITY OF SAN MATEO**

**PRIVATE SEWER LATERAL REPLACEMENT COST SHARING PROGRAM  
REIMBURSEMENT GRANT REQUEST**

*Grant recipients will be issued a 1099 form for grant funds received.  
This income is to be reported on your personal income tax.*

Property Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Final Invoice Amount: \_\_\_\_\_

Length of full lateral replacement: \_\_\_\_\_ Depth of Lateral \_\_\_\_\_

Check if applicable: \_\_\_Cleanout installed during replacement \_\_\_Wye installed during replacement

**Required Documents (attach and submit with this form)**

- Building Permit #** \_\_\_\_\_ **Date Finaled** \_\_\_\_\_
- Encroachment Permit #** \_\_\_\_\_ **Date Finaled** \_\_\_\_\_
- Final Invoice (not the estimate – must be a final invoice)**
- W-9 (available at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>)**
- Reimbursement Request Form**

I certify that the information submitted is true and accurate. I understand and agree that the grant reimbursement is not an acceptance of liability on the City’s part, and that any future repairs of the lateral are my responsibility, with the exception of warranty workmanship as outlined in my private contract. Should a warranty issue arise, I will contact the hired contractor to address any workmanship issues.

\_\_\_\_\_  
NAME Date

\_\_\_\_\_  
PRINT NAME

**Submit this form and all required documents to:**

**City of San Mateo Public Works Department Attn: S. Russell 330 W. 20<sup>th</sup> Avenue San Mateo, CA 94403 650.522.7243**