



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: A. Romanini 330 W. 20th Avenue San Mateo, CA 94403 650.522.7340