



**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 by:**  
Email: [pslp@cityofsanmateo.org](mailto:pslp@cityofsanmateo.org) **OR** Mail: 330 W. 20<sup>th</sup> Avenue San Mateo, CA