**APPLICATION FOR PARTICIPATION IN THE CITY OF COLUMBIA**

**COST REIMBURSEMENT PROGRAM**

**FOR THE INSTALLATION OF PRESSURE SEWERS, BACKFLOW PREVENTION DEVICES OR REMOVAL OF PLUMBING FIXTURES**

I/We hereby request participation in the Wheaton Sanitary District Cost Reimbursement Program for the Installation of Overhead Sewers or Backflow Prevention Devices, hereinafter called “the Program”.

I/We own, and this application is for, the following described property:

Address:

Legal Description:

I/We have received a copy of the Program Requirements attached to and made a part of this application.

I/We agree to allow the City of Columbia or its representatives to make any and all inspections and testing as detailed in the Program Requirements.

I/We have received a copy of the Agreement for Cost Reimbursement Program and understand that said Agreement must be signed upon notice of preliminary approval as detailed in the Program Requirements.

Dated this day of , .

Printed Name Signature

Printed Name Signature

Phone Number

Mailing Address