

**City of St. Charles
Public Works Department
Environmental Services Office
Homeowner Sewer Assistance Policy Reimbursement Form**



Date: _____

Name: _____

Address: _____

Property Index Number: _____

Phone Number: Home: _____

Cell: _____

email: _____

Date of Application: _____

Date Project Completed: _____

Copy of Approved Application Attached: Yes _____ No _____

Copy of Paid Receipts / Invoices Attached: Yes _____ No _____

Copy of Permit for Work Attached: Yes _____ No _____

Copy of Final Inspection Attached: Yes _____ No _____

Signature of Applicant (must be property owner)

Signature

Printed Name

Date: _____

City of St. Charles Office Use

Project #: _____

This reimbursement has been: Approved _____

Not Approved _____

Signature

Title

Date: _____

The following information / corrections need to be completed prior to re-submittal.

