

ZERO PERCENT WATER REPAIR PROGRAM REQUEST

***Your taxes must be up-to-date on ALL properties you own in the City in order to participate in this program**

DATE OF REQUEST _____ **OWNER'S TELEPHONE #** _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

LOCATION OF WORK (IF DIFFERENT) _____

The undersigned property owner requests to participate in the Water Repair Program to finance the cost of water repair work performed at the above location and agrees to be charged for the cost of the repairs as a special assessment with taxes (plus 0% interest) over a five year period.

Plumber _____

Plumber's Invoice Amount \$ _____

City of Auburn Water Dept. Charges \$ _____
(if applicable)

Administration Fee \$ 25.00

Total \$ _____

Property Owner Statement:

I have inspected the work performed at the above referenced property and I find that the water work for which a final payment has been requested has been completed to my satisfaction. I hereby approve a final payment of _____ to be charged as a special assessment with taxes over a five year period.

Property Owner's Signature

Plumbing Inspector Statement:

I have inspected the plumbing work performed on the above referenced property and find that the water work has been done satisfactorily and is in compliance with the applicable plumbing codes and local ordinances. Restoration to the city right-of-way is completed satisfactorily.

Plumbing Inspector's Signature

This form must be fully signed before we can process your enrollment in this program.