

# REQUEST FOR INSPECTION INCENTIVE PAYMENT

Please complete and mail to: City of Aberdeen Sewer department 1205 West State Aberdeen WA 98520

## Person requesting incentive payment

Name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_  
Address of repair \_\_\_\_\_

Describe work performed

---

---

---

---

---

---

## Please mark a box indicating incentive payment

- Minimum \$100.00 payment
- Double material cost not exceed \$300.00 (attach receipts)
- payment made to licensed contractor registered with the City of Aberdeen no to exceed \$300.00 (attach receipts)

I hereby agree, the City of Aberdeen may enter upon the property listed above for sewer inspection until December 31, 2001. I hereby agree, if an inspection finds an illegal sewer connection or problem associated with the sewer on your property; the value of the incentive payment plus interest will become a lien upon the property.

Name \_\_\_\_\_ date \_\_\_\_\_

**DO NOT WRITE BELOW THIS BOX**

**OFFICE USE ONLY**

## Inspection

Inspector \_\_\_\_\_  
Date \_\_\_\_\_

## Payment approval

Amount \_\_\_\_\_  
Approved by \_\_\_\_\_  
Date \_\_\_\_\_