

SLIP # \_\_\_\_\_

Ward # \_\_\_\_\_

City of Florissant



Residential Sanitary Sewer Lateral Repair Program  
Claim Form

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**INSTRUCTIONS:**

1. Complete the following form.
2. Submit the video tape, diagram and written report that you obtained from a Video Inspection Report Contractor that is licensed by St. Louis County. **Resident shall note that any or all of this facet of work will be performed at the homeowner's expense.**
3. Attach a copy of the paid **real estate** tax bill from the property.
4. Submit items 1 through 3 to:

City of Florissant  
Public Works Department  
955 Rue St. Francois  
Florissant, Missouri 63031

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Date: \_\_\_\_\_

Owner(s) of Record: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Address of property with defective sewer lateral: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

Evening Telephone Number: (\_\_\_\_) \_\_\_\_\_

Description of sewer lateral line problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residential Sanitary Sewer Lateral Insurance Program  
Claim Form

	Yes	No	Do Not Know
Does the sewer lateral line backup occur only during rainfall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has The Metropolitan St. Louis Sewer District (MSD) been contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has (MSD) televised the main sewer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of entry used to check sewer line.			
_____ Yard			
_____ Roof			
_____ House Access			
Is defective area under a street, sidewalk, or neighbor's yard? (If yes, please circle appropriate item)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you reside in a privately owned dwelling unit? i.e.: condominium or townhouse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your sewer lateral line attached to a septic tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Sewer Lateral coverage under your homeowners insurance?	<input type="checkbox"/>	<input type="checkbox"/>	

Signature: \_\_\_\_\_  
(Owner's)  
  
\_\_\_\_\_

Date: \_\_\_\_\_

Following receipt of this information, the Department of Public Works will initially evaluate the application. If it is determined from the television inspection that the sewer lateral is defective, arrangements will be made for the City's crew to excavate the area of repair and also for a St. Louis County Licensed master plumber or drainlayer to repair the sewer lateral. This program does not cover the portion of the sanitary sewer lateral within five (5) feet outside the dwelling unit's foundation. The program will cover only sanitary sewer laterals that connect to the Metropolitan St. Louis Sewer District's main sewer system. The program does not cover septic tank replacement, private treatment systems or the cost to replace any trees, shrubs, flowers, sod, decks, concrete work, (except for public sidewalks and public streets), retaining walls or out buildings that may be damaged during the repair of the sewer lateral.

As owner of the property, I certify that I have the authority to and do consent to the performance of sewer lateral repair work on and about the property described in the application and will not interfere with the work to be performed by the contractor selected by the City of Florissant and shall reimburse the City for all expenses incurred by the City on applicants behalf in the event the applicant withdraws permission to proceed or otherwise interferes with performance of work authorized under this program.

**Property Owner Initials** \_\_\_\_\_

As owner of the property, I certify that I nor anyone on behalf of owner will make any claim against or seek any relief from the City of Florissant arising out of or in connection with any work done or any action taken in connection with the Residential Sewer Lateral Repair Program.

**Property Owner Initials** \_\_\_\_\_

As owner of the property, I also understand and agree that the City of Florissant is not responsible for the actions of the contractor making the sewer lateral repairs and agree to indemnify the City of Florissant and hold the City of Florissant harmless from any and all claims arising out of the applicant's participation in, and work performed and actions taken in connection with, the Residential Sewer Lateral Repair Program.

**Property Owner Initials** \_\_\_\_\_

As owner of the property, I understand that sewer lateral repair includes only the patching or replacement of a defective sewer lateral line, including associated digging and the replacement of dirt and seeding of affected areas, and does not include replacement of landscaping or ornamental structures and may not include replacement of structural facilities.

**Property Owner Initials** \_\_\_\_\_

As owner of the property, I understand that I may be responsible for the repair or replacement of the property or items on the property not covered by the City of Florissant. If necessary, I as property owner will make necessary repairs to the property to bring the property to a condition substantially similar to the condition of the property, prior to participation in the program, within six months or other time as may be established by the Director of Public Works. Specifically, as owner I may be responsible for repair/replacement of items such as driveways and sidewalks or accessory structures which may include fences and walls.

**Property Owner Initials** \_\_\_\_\_