



PRE-EVALUATION QUESTIONNAIRE FOR UPPER LATERAL PROGRAM AND GRANT OF RIGHT OF ENTRY

The sewer servicing the address listed below was installed (*please check one*):

- After 1990
- Between 1990 and 1975
- Between 1975 and 1960
- Prior to 1960

The sewer servicing the address listed below had _____ number of blockages during the last twelve (12) months. (*Attach plumber's bill or other proof.*)

The cause of the blockages were (*please check and show the number of times of each occurrence*):

- Unknown _____ (*number of times*)
- Roots or Offsets _____ (*number of times*)
- Broken Pipe _____ (*number of times*)

PROGRAM ACKNOWLEDGEMENT

By requesting to participate in the program, I understand and agree to the following:

1. I will make all repairs the District identifies as necessary to correct the defects found.
2. The repairs will be completed within the time-periods set by the District.
3. I understand that if I do not proceed to satisfactorily make repairs in a timely manner the sanitary sewer portion of the monthly User Fee Bill for the service address may be surcharged \$200.00 per month until the repair is satisfactorily completed.
4. I understand that my sewer fee payments must be current in order to receive the upper lateral reimbursement.

I hereby grant Vallejo Sanitation and Flood Control District, or its contractor, the right to enter the real property listed below and perform testing and/or repair of the upper lateral in accordance with District Ordinance 89-61. The District shall leave the property in the same condition as found or compensate owner appropriately.

Service Address (*street, city, zip code*) _____

Cross Street _____

Name of Resident: _____ Name of Owner: _____

Owner's Address (*street, city, zip code*) _____

Owner's Phone _____ Site Phone (*if different*) _____

Owner's Signature _____ Date _____

Date received by District _____ APN# _____

Print this form and fax to Gus Silva at 644-8975, or drop off at the District offices (450 Ryder St.) during regular business hours.