

LEAD SERVICE LINE REPLACEMENT PROGRAM APPLICATION

*Your taxes must be current on ALL properties you own in the City in order to participate

Date of Request _____ Owner's Telephone # _____

Property Address _____

Owners Name(s) _____

Owners Address (if different from property) _____

Number of Families Living at Property Address _____

Total Number of People Living at Property Address _____

The undersigned property owner requests to participate in the lead service line replacement program (LSLRP) at the above property address and agrees to allow City crews to enter his/her property if necessary.

Property Owner Statement:

I agree to have City work forces perform a lead service line replacement at the above referenced property.

Property Owners Signature

Property Owners Signature

This form must be completed and signed before the City can process your enrollment in this program. Please return this completed form to the City Water Department, 245 Washington Street, Suite 202, Watertown, New York 13601