



**Service Line & Lateral Assistance Program Request**

**Requester Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Requester Address:** \_\_\_\_\_

**Mailing Address:** *(If Different from Requester Address):* \_\_\_\_\_

**Property Type** *(Select One):*     **Owner Occupied**     **Rental/Tenant Occupied**     **Vacant**

**Property Owner Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Type of Account** *(Select One):*     **Residential**     **Commercial**     **Industrial**     **Institutional**

**Background Information:**

**Assistance Request Type:** *(Select One):*     **Drinking Water Service Line**     **Wastewater Lateral**

**Water Service Line:** *(Select One):*     **Replace**     **Repair**     **Tap**

**Wastewater Lateral:** *(Select One):*     **Replace**     **Repair**     **Tap**

**Please describe the issue you are experiencing with your service line/lateral:**

**How many times in the recent past have there been issues? Please describe.**

**Have you previously requested Program assistance?**

**Do you have an outside clean-out for the wastewater lateral?**     **Yes**     **No**     **N/A**

**Do the defects within the line persist outside your property lines (street, sidewalk, easement)?**     **Yes**     **No**

**Has a private contractor provided a Closed-circuit Televised Inspection (CCTV) or other means of inspection?**

**Yes**     **No**

**Has a claim been submitted to your homeowner's insurance provider?**     **Yes**     **No**

**Claim Number:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Claim Adjuster Name:** \_\_\_\_\_

**Status of Claim** *(Select One):*     **Granted**     **Pending**     **Denied**

**Do you have Underground Utility Line Coverage or a Service Line Coverage Endorsement on your Homeowner's Insurance Policy?**     **Yes**     **No**

**Date Service Required:** \_\_\_\_\_ **Street/Sidewalk Cut Permit #:** \_\_\_\_\_

**Plumbing Permit #:** \_\_\_\_\_ **Line/lateral Size:** \_\_\_\_\_

**Material:** \_\_\_\_\_ **Age:** \_\_\_\_\_

## Service Line & Lateral Assistance Program Request

**Please attach:**

- Two written quotes as provided by licensed contractors or a Work Report as provided by Capital Region Water.
- Schedule of work, including the anticipated start and completion dates (if available).
- Any additional condition information including, but not limited to, sketches and video/CCTV footage (if available).

By signing this Request, I hereby certify that I have the authority as the property owner to make this Request and that the information is complete and factual. As the Requester, I give permission to Capital Region Water or its authorized agent to verify eligibility and agree to abide by the Rules and Regulations of Capital Region Water and any provisions governing the terms and conditions of the Service Line and Lateral Assistance Program.

I further declare that I have full and exclusive ownership of the full length of the service line or sewer lateral that connects the Property to the main line. The line is not functioning properly and requires repair within the public right of way or public easement. Any assistance provided by Capital Region Water shall not affect ownership of the line or impose any obligation on Capital Region Water for maintenance, repair, or replacement of the line. Capital Region Water does not warranty any work for which Capital Region Water disbursed funds.

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Signature of Requester

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Date

**Please complete and return. Electronic submissions are preferred at [CAP@capitalregionwater.com](mailto:CAP@capitalregionwater.com).**

**To submit by mail:**

**Capital Region Water  
Customer Service Center  
100 Pine Drive  
Harrisburg, PA 17103**

After your Request is reviewed, written notice will be provided explaining your eligibility and any assistance you may receive. Please allow 30 days for a response.

**Important Information:**

- Reimbursement will be provided directly to the contractor completing repair only after receiving a copy of the quote or invoice for the repair work and Capital Region Water's approval. Any repair may be subject to Capital Region Water's inspection.
- A Street/Sidewalk Cut Permit for water or sewer line repairs/replacements is required for work in the public right-of-way that involves excavating a street or sidewalk. Work is not permitted to begin until an approved Street/Sidewalk Cut Permit is issued by Capital Region Water. As applicable, the Street/Sidewalk Cut Permit Request is available at <https://capitalregionwater.com/forms/>.

