



capitalregionwater.com
888-510-0606

Drinking Water Service Line/Wastewater Lateral
Repair Acknowledgement Form

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

Homeowners Insurance Company:

Contact Name:

Contact Phone Number:

Policy Number:

Has a claim been submitted to your homeowner's insurance provider for the subject repair? Yes No

Claim Number:

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

If you do not have Underground Utility Line Coverage or a Service Line Coverage Endorsement on your Homeowner's Insurance Policy, you are encouraged to add this coverage to your Homeowners Insurance to protect you from future costly repairs to your water service line and wastewater lateral.

By signing this Acknowledgement Form, I hereby certify that I have the authority as the property owner to sign this form and that the information is complete and factual. As the owner, I give permission to Capital Region Water or its authorized agent to contact my Homeowners Insurance company and to perform the necessary work to repair the water service line or wastewater lateral.

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 service line/lateral 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.

Signature of Requester

Date



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## Drinking Water Service Line/Wastewater Lateral Repair Acknowledgement Form

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

Submit form in-person or by mail to:

Capital Region Water  
Customer Service Center  
3003 North Front Street  
Harrisburg, PA 17110

### Important Information:

Reimbursement will be provided directly to the contractor completing repair only after receiving a copy of this completed Acknowledgement Form and Capital Region Water's approval. Any repair may be subject to Capital Region Water's inspection.

### Capital Region Water Use Only

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_  DW  WW Repair

Main/Line Size: \_\_\_\_\_ Meter Size: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Tap Size: \_\_\_\_\_ Type (Material) of Service: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Curb Box to Grade:  Yes  No

Curb Box Accessible:  Yes  No

Valve on Curb Side of Meter:  Yes  No

Amount/Term: \_\_\_\_\_

CRW Approval: \_\_\_\_\_  
Signature Title Date