



Drinking Water Service Line and Wastewater 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: _____

Drinking Water Service Line and Wastewater 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.

Signature of Requester

Date

Please complete and return. Electronic submissions are preferred at CAP@capitalregionwater.com.

Submit form and attachments in-person or by mail to:

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

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/>.

Drinking Water Service Line and Wastewater Lateral Assistance Program Request

Capital Region Water Use Only

Proof of Eligibility: Yes No

Inspection Date: _____ Inspector: _____

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

Sewer Cleanout: Yes No

Assistance Approved: Yes No

Amount/Term: _____

CRW Approval: _____

Signature

Title

Date