

Sewer Rehabilitation Reimbursement Request

Submit request to: Town of Hillsborough, Sewer Rehabilitation Program,
1600 Floribunda Ave., Hillsborough, Ca 94010

Applicant Information:

Address: _____

Name: _____

Daytime Phone: _____

Email: _____

Sewer Lateral Information:

Date of installation: ____ / ____ / ____

Installation cost: \$ ____ .

Name of Plumber: _____

Process of rehabilitation: ☐ Seamless HDPE pipe ☐ Epoxy Liner

Plumbing Permit #: _____

Applicant Affidavit

- Applicant owns the property listed above.
- Applicant hereby requests reimbursement for rehabilitation of sewer lateral after July 1, 2009, at the property listed above, which was inspected and approved by the Town of Hillsborough.
- Applicant understands and agrees that it is his or her responsibility to maintain the lateral in working order for as long as the applicant owns the property.
- Applicant understands and agrees that the Town does not in any way warrant the lateral or the work or the installer.
- Applicant agrees to hold harmless the Town, its directors, officers, and employees, against all loss, damage, expense, and liability resulting from any loss, destruction or damage to property arising out of or in any way connected with the installation of the sewer lateral.
- Applicant has paid for the rehabilitation of a sewer lateral the full distance from the building to the Town's sewer main.
- Applicant affirms that the information set forth in this Sewer Rehabilitation Reimbursement Request is true and accurate.

Signature of applicant: _____

Date: ____ / ____ / ____

Address for payment: _____

Tax ID or SSN (required): _____

Attach: ☐ Copy of plumber's invoice for installation attached. ☐ Proof of payment attached*
(*Copy of check or credit card receipt. Reimbursements are not available for cash payments.)

For Town Use:

Received: ____/____/____

Reimbursement: ☐ Approved ☐ Denied Date: ____/____/____

Hillsborough Sewer Rehabilitation Reimbursement Program

The Town of Hillsborough is offering reimbursement of \$500 to residents who rehabilitate their sewer lateral the full distance from their house or other building structure to the Town's sewer main.

The Process:

1. Resident selects a plumber to rehabilitate the lateral.
2. The lateral rehabilitation must be inspected by the Town's Building Department (as part of the regular plumbing permit process).
3. Resident submits the Sewer Rehabilitation Reimbursement Application to the
Public Works Department, Sewer Rehabilitation Reimbursement
1600 Floribunda Ave.,
Hillsborough, CA 94010
4. A check is mailed to the homeowner.

The entire process should take less than 8 weeks from the date the Rehabilitation Reimbursement Application is submitted.

This program has been implemented as part of a Supplemental Environmental Program ordered by the Regional Water Quality Control Board (Region 2) as part of Cease and Desist Order R2-2009-0020 which prescribes measures needed to avoid sanitary sewer overflows from the Town of Hillsborough's sewer system.