

**CITY OF AUBURN, NEW YORK
DEPARTMENT OF PUBLIC WORKS - ENGINEERING**

**SEWER-WATER REPAIR / REPLACEMENT PROGRAM
APPLICATION**

Owner's Name: _____

Owner's Address: _____

Date of Application: _____

Location of Work: _____

Owner's Telephone #: _____

The undersigned property owner requests the repair and or replacement of the sewer lateral and or water line at the above location with costs to be charged as a special assessment with taxes (plus 6% interest) over a five year period. The following amount(s) represent(s) the cost ceiling the City will assess with taxes. If the owner chooses to perform work beyond the scope of work allowed by this program, the owner must pay the difference.

Total Cost of Work:

In Words: _____

In Dollars: _____

Plumber's Name: _____

Owner's Signature

Notary Public

(This form must be signed by Owner and notarized)