



City of  
**Woodson Terrace**  
 4323 Woodson Road | Woodson Terrace, MO 63134  
 P: 314-427-2600 | F: 314-427-0571  
[www.woodsonterrace.net](http://www.woodsonterrace.net)

APPROVALS (CITY OFFICIALS ONLY)	
	Date _____
<i>Director of Public Works</i>	

## SEWER LATERAL REPAIR APPLICATION

### LOCATION INFORMATION

Address of property with defective sewer lateral line _____	
Owner(s) of Record _____ Owner Address _____ Daytime Phone _____ Evening Phone _____	Nature of Problem _____ _____ _____

A COPY OF THE PAID REAL ESTATE TAX BILL FOR THE CURRENT TAX YEAR FOR THE ABOVE PROPERTY, MUST ACCOMPANY THIS APPLICATION BEFORE APPROVAL OF LATERAL REPAIR CAN BE MADE.

### SEWER LATERAL WAIVER

I, \_\_\_\_\_ owner of property located at \_\_\_\_\_  
 Agree that after my sanitary lateral is repaired under the Woodson Terrace Sewer Lateral Program, that the City of Woodson Terrace will not be responsible for landscaping, sodding, or other repairs needed or desired because of the sewer lateral project. I also guarantee that there are no taxes, fees or special taxes owed on this property to the City of Woodson Terrace. (A copy of receipt of said taxes must accompany this waiver).

### ACCEPTANCE

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

### DOCUMENT CHECKLIST (CITY OFFICIALS ONLY)

Check the following: <input type="checkbox"/> Lateral Cabled <input type="checkbox"/> Real Estate Tax Bill <input type="checkbox"/> DVD <input type="checkbox"/> Scope <input type="checkbox"/> Notice to Proceed <input type="checkbox"/> Emergency Job	RFQ Scope Sent (3) _____ RFQ Responses _____ Contractor Awarded _____ Winning Bid Amount \$ _____ Bid Award Date _____ Informed of DVD Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____ _____ _____
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