

**APPLICATION / COMPLETION FORM
LEAD SERVICE REPLACEMENT ASSESSMENT**

(ONLY PROPERTIES WITHIN THE CITY LIMITS OF SAINT PAUL ARE ELIGIBLE.)

REQUEST FOR ASSESSMENT

The work outlined in the Lead Service Replacement Program has been completed to my satisfaction. I request that Saint Paul Regional Water Services pay the attached invoice on my behalf and to assess the costs of this replacement against my property.

ASSESSMENT ADMINISTRATION FEE

I understand I will be charged a one-time administration fee of \$80.00, which will be included in the cost assessed against my property.

ASSESSMENT INTEREST RATE

I understand the interest charges will be based on the fixed rate approved by the Saint Paul City Council and is subject to change without notice.

WAIVER OF MECHANIC'S LIEN RIGHTS

I understand that I must submit a Waiver of Mechanic's Lien Rights with this form. (Completed by plumbing contractor.)

PAYBACK PERIOD

I understand that the assessment will be collected as part of the real estate taxes over a period of up to 20 years, pursuant to Program policy, and that I may prepay all or part of the unpaid balance, pursuant to prepayment criteria.

WAIVER OF APPEAL

I waive my right to appeal this assessment.

Amount of Invoice \$ _____

(Please Print)

Property Owner's Name _____

Owner's Signature _____

Telephone Number _____

Property Address _____

(Only properties within the city limits of Saint Paul are eligible.)

(Please Print)

Contractor's Name and Address _____

For Office Use Only

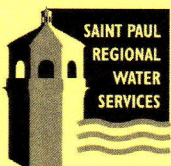
PIN: _____

Amount:

\$ _____

Payable to:

(Contractor's Name and Address)



Return this Application (yellow form), the Waiver (blue form) and a copy of invoice to:
SPRWS Engineering Desk, 1900 Rice St., Saint Paul, MN 55113

Fax: 651-266-6287 or Email: Water-PlumbingPermitApp@ci.stpaul.mn.us

Call 651-266-6270 if you have questions.