



RODEO SANITARY DISTRICT

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SEWER LATERAL REPLACEMENT GRANT PROGRAM GRANT APPLICATION

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

PROJECT INFORMATION

Project Address: _____

Quote 1 – Contractor Name and Address: _____

Contractor License Number: _____

Permits Required: _____

Closed Circuit TV Inspection: _____ Air Testing: _____

_____ Feet (Length of lateral replacement)

PROJECT AND FUNDING APPROVAL

Approve: _____ Disapprove: _____

Total Grant Funding: \$ _____

Reviewing Party: _____

Copies of all quotes must be attached with this Application.

THIS SECTION FOR OFFICE USE ONLY

D/M Review _____

Permit # _____

_____ All paperwork submitted "APPLICATION COMPLETE"

Date & Initials

Submitted to A/P for Payment

Date & Initials