



Stoughton Utilities

600 South Fourth Street
P.O. Box 383
Stoughton, WI 53589-0383

Serving Electric, Water & Wastewater Since 1886

**APPLICATION FOR REIMBURSEMENT
PRIVATE LEAD SERVICE LINE REPLACEMENT PROGRAM**

I. APPLICANT INFORMATION

Eligible applicants may receive reimbursement for the actual costs to replace their privately-owned lead service line (LSL), up to a maximum amount as can be funded by the SDWLP Private LSL Replacement Program Grant. Work must be performed by a plumber chosen from the certified plumbers list.

Property Owner: _____ Utility Account #: _____

Service Address: _____ Email Address: _____

Phone Numbers: Home: _____ Business: _____ Cell: _____

Plumbing Contractor: _____ Amount Paid: _____

II. PROPERTY OWNER CERTIFICATION

I hereby certify that the information provided on and with this application is true and accurate to the best of my knowledge.

Property Owner / Applicant Signature: _____ Date: _____

III. PLUMBING CONTRACTOR CERTIFICATION

The undersigned official further certifies, for all private LSL replacement expenditures included in this application for reimbursement, to the Use of American Iron and Steel, as mandated in the U.S. Environmental Protection Agency's State Revolving Fund programs; to following all applicable state regulations; to following all applicable local ordinances and regulations; that all LSL replacements resulted in the complete removal of the LSL and associated materials from the water main to the water meter within the structure; and that a good faith effort was made to solicit subcontractors meeting the Disadvantaged Business Enterprise requirements (if subcontracting work).

Plumbing Contractor Signature: _____ Date: _____ Date Work Completed: _____

IV. SUBMISSION INSTRUCTIONS

This application form will not be accepted unless it is filled out completely, signed by the property owner and plumbing contractor, dated, and returned with all copies intact. The original receipt from the plumbing contractor must accompany this application.

Application must be signed by both the homeowner and plumbing contractor.

A copy of the payment receipt must accompany this application in order to be eligible for reimbursement.

Return applications to:
Stoughton Utilities
P.O. Box 383
Stoughton, WI 53589

V. FOR UTILITY USE

Date Received: _____ Date Approved: _____ Approved By: _____

Date Work Verified: _____ Work Verified By: _____

Check Number: _____ Date Sent: _____ Reimbursed By: _____