



Town of Wallingford, Connecticut

NEIL H. AMWAKE, P.E.
GENERAL MANAGER



DEPARTMENT OF PUBLIC UTILITIES
WATER & SEWER DIVISIONS
377 SOUTH CHERRY STREET
WALLINGFORD, CONNECTICUT 06492
TELEPHONE 203-949-2666

**Request for Reimbursement (Form B)
Inflow and Infiltration Removal Program**

Account No.: _____

Name: _____

Address: _____

Telephone: _____

Description of completed work, with an attached sketch or pictures:

Sump Pump	<input type="checkbox"/>	Driveway/Yard/Area Drain	<input type="checkbox"/>	Defective Lateral	<input type="checkbox"/>
Roof Leader	<input type="checkbox"/>	Window Well/Stairway Drain	<input type="checkbox"/>		
Other: _____					

Final cost for performing the work: \$ _____

For Direct Payment to Contractor

- ✓ Attach a copy of the contractor's final invoice

For Reimbursement to Property Owner

- ✓ For work done by contractor: Attach contractor's final invoice and proof of payment to contractor.
- ✓ For work done by property owner: Attach copies of all receipts for materials and equipment rental.

Permits for the Work: Please check all that were required and attach copies of closed permits.

- Building Permit (interior work) – Town of Wallingford Building Department
- Water & Sewer Construction Permit – Town of Wallingford Water and Sewer Divisions
- Street Opening Permit – Town of Wallingford Engineering Department
- Storm Sewer Connection – Town of Wallingford Engineering Department
- Storm Water Discharge – Town of Wallingford Planning and Zoning Department
- Call Before You Dig (CBYD)

Request for reimbursement must be submitted within 90 days after the final inspection is completed.

FOR SEWER DIVISION USE ONLY

Reimbursement Approved Not Approved Date: _____

Remarks _____

Print Name

Signature