

Sheridan Sanitation District No. 2

P.O. BOX 5460
ENGLEWOOD, COLORADO 80112
(303) 513-0901

**Sanitary Sewer Service
Connection Repair
Application**

DATE: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER'S NAME (Applicant): _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF REPAIR: _____

I certify that I own the property at the above listed property (service) address.

In addition, I agree to:

1. Engage the services of a licensed plumber in the State of Colorado to perform the sewer service connection.
2. Notify the District of the date for the proposed repair (48 hours' prior notice unless it's an emergency repair).
3. Allow a representative of the District to inspect and approve the plumbing connection at the District's system before the work is covered. The applicant agrees to uncover the service line connection should they fail to secure the inspection approval from a District representative.
4. Comply with all requirements of the District's Rules and Regulations.
5. Comply with all requirements of the City of Sheridan when working within their rights-of-way.
6. Agree to hold harmless the Sheridan Sanitation District #2, their Board of Directors and its contractors for any harm or unanticipated consequences arising from this request.

PLUMBER/PLUMBING COMPANY: _____

COMPANY ADDRESS: _____

COMPANY PHONE NUMBER: _____

Applicant's Signature: _____ Date: _____

Printed Name: _____

Return completed form to Jim Swanson (SSD#2 Manager & Engineer) at jim@jrsec.com

DISTRICT USE BELOW

Connection Inspection Date: _____ Inspected by: _____
(Approval to cover the lines is granted with approval of the inspection)

Amount of payment received by SSD#2: _____ SSD#2 Rep: _____