

Sheridan Sanitation District No. 2

8390 E. Crescent Pkwy, Ste., 300
Greenwood Village, CO 80111
303-779-5710

**Sanitary Sewer Service
Disconnection / Abandonment
Request Form**

DATE: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER'S NAME (Applicant): _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

ACCOUNT NO: _____

I certify that I own the property at the above listed property (service) address. I also certify that removing this service will not endanger human health or life or cause property damage to the listed property. I agree to hold harmless the Sheridan Sanitation District #2 (District), their Board of Directors and its contractors for any harm or unanticipated consequences arising from this request.

In addition, I agree to:

1. Submit this request form to the District Manager for processing.
2. Following approval of this request by the District Board of Directors, complete the disconnection within sixty (60) calendar days.
3. Engage the services of a licensed plumber in the State of Colorado to perform the sewer service disconnection.
4. Cap the sewer service at the saddle connected to the District's main line using a water-tight cap approved by the District.
5. Comply with all requirements of the City of Sheridan when working within their rights-of-way.
6. Notify the District of the date for the proposed disconnection and allow a representative of the District to inspect and approve the plumbing disconnection 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.

PLUMBER/PLUMBING COMPANY: _____

COMPANY ADDRESS: _____

COMPANY PHONE NUMBER: _____

I am aware that if sanitary sewer service is disconnected, re-establishment of sanitary service to this property will require application for a new sanitary sewer service connection permit and will require payment for a new sewer service connection charge based on the requirements and fee schedule in effect at the time of reconnection.

Signature: _____ Date: _____

Printed Name: _____

Return completed form to Nic Carlson (SSD#2 Manager) at nicholas.carlson@clacconnect.com

DISTRICT USE BELOW

Disconnection Inspection Date: _____ Inspected by: _____

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