REIMBURSEMENT AGREEMENT for

SANITARY SEWER BACKWATER PREVENTION VALVE INSTALLATION

The undersigned,		, being of legal age, hereby	
(property owner(s) name(s))			
acknowledge(s) that reimbursement of u	p to \$800.00 will be made to	o me/us for installation of a sanitary sewer backwater	
prevention valve for property located at _			
		(property address)	
In consideration of reimbursement, I / we	hereby:		
1. Acknowledge that my/our property h	as been or may be suscept	tible to sanitary sewer backups.	
2. Acknowledge the risk of future sani	. Acknowledge the risk of future sanitary sewer backups and the necessity for me/us to purchase adequate insurance		
covering sanitary sewer-related bac	covering sanitary sewer-related backup damage to our property.		
3. Agree to purchase, install and proplumbing to prevent sewage from ba		sewer backwater prevention device in the basement nt plumbing fixtures.	
Acknowledge that my plumber is rec	• .		
	5. Acknowledge that reimbursement of up to \$800.00 is all that I/we will receive at this property for this work.		
· ·	6. Agree that prior to reimbursement, I/we will furnish a copy of the invoice for the completed work to the Cedar Rapids		
Public Works Department at 500 15 th Avenue SW, Cedar Rapids, IA 52404.			
·	7. Agree that if I/we fail to properly install or properly maintain the sanitary sewer backwater prevention device, the City		
	of Cedar Rapids will not be held liable and no claims will be made to the City of Cedar Rapids for reason of future		
sanitary sewer backups occurring a			
8. Agree that I/we have read the fore same.	egoing agreement, and und	derstand its terms and freely and voluntarily sign the	
Signature	Date	Social Security Number	
Signature	 Date	Social Security Number	
-		only. Please provide address below for issuing check,	
if different than above.	, 10111041051110111 par. par. par. par. par. par. par. par.	only. I loads provide address 22.5	
Name(s)		_	
Address		_	
City, State, Zip		_	
Phone Number(s)		_	
CITY OF CEDAR RAPIDS USE ONLY: ☐Program 1 – Assistance towards installat ☐Qualified plumber hired. Work inspected		rater prevention valve. (553000-655-655000-65587-655599) Inspector.	
Authorized Signature_		Date	
Current policy adopted by City Council on Septer	mber 25, 2012 (Resolution No. 136		