Application

Temporary Sanitary Sewer Disaster Recovery Assistance Program

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit # City State Zip Code

Phone: _____ Email: _____

Address of property applied for: _____

Are you the owner of the property? ☐ Yes ☐ No If no, name of owner: _____

Have you made a claim with the City Attorney's Office? ☐ Yes ☐ No If yes, when? _____

There must be an inspection of the property. Have you contacted the Wastewater Department to schedule an inspection? ☐ Yes ☐ No

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Are you applying for expenses due to the October 1, 2014 storm? ☐ Yes ☐ No Dollar amount: _____

Are you applying for expenses due to the May 7, 2015 storm? ☐ Yes ☐ No Dollar amount: _____

I have received and read a copy of the release. _____ (Initial)

I have received and read a copy of the program guidelines. _____ (Initial)

I certify that my answers are true and complete to the best of my knowledge.

I acknowledge and understand that the funds for this program are limited and that eligibility for funds from this program is dependent upon complying in full with all program guidelines, including but not limited to providing supporting documentation of damages and/or allowing inspection of my property. I further understand that prior to receiving any funds, I will be required to execute a full and complete release. I understand that eligibility for the funds from this program is totally at the discretion of the City of Lincoln.

Signature: _____ Date: _____

APPLICATIONS SHOULD BE SUBMITTED BY AUGUST 17, 2015 (EXTENDED FROM JULY 15, 2015) TO:

City Attorney's Office
555 South 10th Street
Lincoln, NE 68508

ALL APPLICATIONS SHOULD BE SUBMITTED IN PERSON OR BY U.S. MAIL. NO APPLICATIONS WILL BE ACCEPTED VIA E-MAIL OR FAX.

SUPPORTING DOCUMENTATION MAY ACCOMPANY THE APPLICATION OR MAY BE SUBMITTED AT A LATER MUTUALLY AGREEABLE DATE.