

NEW CASTLE COUNTY SEWER LATERAL CLEAN-OUT

REIMBURSEMENT FORM

***SECTION A : INSTRUCTIONS**

1. Please print all information
2. Only those holding a County "OVER 65" or "DISABILITY" property tax Exemption and living in **New Castle County, outside the CITY OF WILMINGTON, the CITY OF NEWARK, and the TOWN OF MIDDLETOWN**, are eligible for reimbursement.
3. Lateral clean out on the eligible homeowner's property only will be reimbursed.
4. **Maximum reimbursement is \$75.00 and can only be paid once per 12-month period.**
5. To be eligible for reimbursement, this form must be completely filled out and mailed, together with a copy of the plumber's sewer lateral cleaning bill, to:

Sewer Lateral Program
New Castle County Assessment Division
New Castle Government Center
87 Reads Way
New Castle, Delaware 19720

*** SECTION B: To be filled out and signed by Plumber Doing Clean-out**

Name of Plumbing Firm: _____ Phone: _____

I hereby certify that on _____ I cleaned-out the sewer lateral at _____
DATE ADDRESS

and that the Homeowner was billed \$ _____ for this work.

DATE SIGNATURE OF PLUMBER

***SECTION C: To be filled out and signed by Eligible Homeowner**

Name of Homeowner: _____ Phone: _____

Mailing Address: _____
STREET CITY STATE ZIP CODE

DATE SIGNATURE OF HOMEOWNER

E-mail Address: (optional) _____

***SECTION D: Do not fill in (For Department Of Land Use Only)**

Eligibility Confirmed _____
DATE (INITIALS)

Parcel Number _____ Check Mailed: _____
DATE (INITIALS)