

PRIVATE DRAIN CONNECTION REPLACEMENT BY-LAW 4921
REBATE REQUEST FORM

DATE: _____

TO: The Corporation of the City of Windsor

RE: **Rebate for Sanitary Sewer Connection Replacement (Public Right-of-Way Only)**

PROPERTY OWNER INFORMATION

Contact Name: _____

Property Address: _____

Mailing Address: _____

Phone Number: _____

PLEASE CHECK ONE

- I acknowledge that I will not be receiving any other collateral funding for the sanitary sewer connection for the above address.
- I acknowledge that I have received or will be receiving other collateral funding for the sanitary sewer connection for the above address in the amount of \$_____

I/WE WOULD LIKE TO APPLY FOR THE REBATE FOR THE COST OF REPLACING THE PRIVATE SANITARY SEWER CONNECTION AT THE FOLLOWING ADDRESS PURSUANT TO BY-LAW 4921

	Name(s)	Signature(s)
Owner 1:	_____	_____
Owner 2: (if applicable)	_____	_____
Owner 3: (if applicable)	_____	_____
Owner 4: (if applicable)	_____	_____

ATTACHED

- Copy of Contractor's fully paid invoice
- Copy of Articles of Incorporation (if a Corporation)

PLEASE SUBMIT COMPLETED PAPERWORK BY EMAIL, IN PERSON OR BY MAIL

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