

# SEWER BACK-UP REQUEST FOR REIMBURSEMENT

**City of Coeur d' Alene  
Municipal Services  
710 Mullan Avenue  
Coeur d' Alene, Idaho 83814  
208.769.2229**

[Office Use Only]

Date Received \_\_\_\_\_

By: \_\_\_\_\_

Date to Legal \_\_\_\_\_

Please type or print the following required information.

Homeowner's Name: \_\_\_\_\_

Address of person making request: \_\_\_\_\_  
\_\_\_\_\_

Address of where alleged incident occurred: \_\_\_\_\_  
\_\_\_\_\_

Date of alleged incident: \_\_\_\_\_

Telephone number: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

◆ Do you have insurance that would cover a sewer back-up? \_\_\_\_\_

If yes, name of Insurance Company: \_\_\_\_\_

◆ Description of back-up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ Amount Requested: \_\_\_\_\_

◆ Are receipts available: Yes:  No:

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ Was the alleged back-up in a basement: Yes:  No:

If yes, when was the basement constructed: \_\_\_\_\_

◆ Does the wastewater system contain a gooseneck pipe: Yes:  No:

◆ Does the wastewater system contain a back-up valve: Yes:  No:  Unknown:

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DESCRIBE IN DETAIL THE NATURE OF THE PROBLEM AT THE ABOVE ADDRESS:

◆ Actions taken to alleviate the problem: \_\_\_\_\_

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◆ Names of persons with whom you have had discussion and the nature of discussion: \_\_\_\_\_

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◆ Clearly state based on what you currently know, what you believe the cause of the problems may have been: \_\_\_\_\_

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◆ Are there other circumstances that have contributed to the problem: \_\_\_\_\_

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◆ Names of persons connected with the City of Coeur d'Alene with whom you spoke: \_\_\_\_\_

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◆ Nature of your discussion with City Employees: \_\_\_\_\_

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◆ Names, address, and phone numbers of other individuals having information, including individuals who may work for a company such as Roto-Rooter: \_\_\_\_\_

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◆ Please indicate what previous types of problems you have had with your wastewater system; include dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ Please indicate the value of the damaged items at the time of the alleged incident as well as procedure for estimating the value: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ Please attach copies of all invoices, bills, or bids you have received in regards to this matter and list the amounts here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature