

CITY OF ALEXANDRIA, VIRGINIA
DEPARTMENT OF TRANSPORTATION AND ENVIRONMENTAL SERVICES

**REQUEST FOR COST REIMBURSEMENT ALLOWANCE FOR
INSTALLATION OF BACKFLOW PREVENTION EQUIPMENT**

PROPERTY OWNER(S)

NAME(S) _____ DATE _____

TELEPHONE _____ EMAIL _____

ADDRESS OF PROPERTY _____

Number _____ Street _____

Alexandria, VA _____
Zip Code _____

PROPERTY HAS BASEMENT ☐ YES ☐ NO

TOTAL COST PAID FOR INSTALLATION \$ _____

(Attach copy of paid in full itemized invoice/receipt)

ADDRESS OF OWNER(S) – IF DIFFERENT THAN ABOVE (FOR CHECK REMITTANCE)

Number _____ Street _____

City _____ State _____ Zip Code _____

INSTALLER

NAME _____ BUSINESS _____

ADDRESS _____

Number _____ Street _____

City _____ State _____ Zip Code _____

STATE LICENSE NO. _____ CITY BUSINESS NO. _____

PERMIT NO. _____ DATE OBTAINED _____

DATE OF APPROVED FINAL INSPECTION _____

PROPERTY OWNER CERTIFICATION AND RELEASE

I (we) certify under penalty of law that I (we) have paid in full for the installation of backflow prevention equipment for the above named property. As a condition of accepting the reimbursement allowance, I (we), if requested by the City, will permit the City to verify said installation without delay, prior to receiving the reimbursement allowance. Further, as a condition of accepting the reimbursement allowance, I (we) agree to accept full responsibility for operation and maintenance of said backflow prevention equipment; and hold the City harmless from any damages due to discharge of sewage and/or rain and ground water into or on the above property prior to or after installation of said backflow prevention equipment. I (we) also agree to transfer this certification and release to future owners of the above property.

SIGNED: _____ DATE _____
_____ DATE _____

CERTIFICATION OF INSTALLER

I certify under penalty of law that I have installed backflow prevention equipment at the above listed property on _____, and have been paid in full for same.

SIGNED: _____ DATE _____

OFFICE USE ONLY

DATE RECEIVED _____

WAS INSTALLATION VERIFIED BY SITE VISIT ☐ YES ☐ NO

REIMBURSEMENT ALLOWANCE APPROVED ☐ BY _____

REIMBURSEMENT ALLOWANCE NOT APPROVED ☐ BY _____

REASON FOR DISAPPROVAL _____

WAS APPLICANT SENT NOTICE AND REASONS FOR DISAPPROVAL ☐ YES ☐ NO

DATE NOTICE SENT _____ BY _____

Attach copy of disapproval notice to application.

ACCOUNT: 53411864-52687-20015

APPROVAL DATE _____ CHECK NO. _____

AMOUNT OF CHECK _____ DATE SENT _____