



LA PORTE
I N D I A N A

Wastewater Department
2101 Boyd Boulevard
La Porte, IN 46350
(219) 362-2354

La Porte Municipal Wastewater Basement
Protection Grant Application

Date of Application: _____

Name: _____

Residence Address: _____

Mailing address: _____

(if different from address above) _____

Phone number: _____

Email address: _____

Number of basement backups within the last two years: _____

Number of times the city was notified of backups within the last two years: _____

Fixtures in the basement connected to the sewer (toilets, sinks, showers, tubs, etc.):

Number of basement floor drains connected to the sewer: _____

Name of contractor selected for grant work: _____

(A list of licensed contractors may be acquired from the office of the City Engineer. When using a contractor, be sure to verify they are licensed by calling the City Engineer's Office at (219) 362-2327.)

Please attach to this grant application a copy of the quote for the work to be done by the contractor. The quote must include the specific work that is to be performed, the equipment that will be installed (if any) and the steps that will be taken to protect the basement from future backups.

I certify that the information in this application is correct and that I am authorized to allow the changes presented in this quote to be made to the residence at the above address. Further I acknowledge that any costs incurred by this project which are not covered by this grant are my sole responsibility and that to the extent allowable by law, I agree to indemnify, defend and hold harmless the City of La Porte, its agents, officials and employees from all claims and suits including court costs, attorney's fees and other expenses caused by any act or omission associated with the submission of this grant application.

signature of applicant

printed name

date signed