

THE CITY OF ENID, OKLAHOMA

OFFICE OF THE CITY CLERK

INSTRUCTIONS AND INFORMATION FOR FILING AN APPLICATION FOR REIMBURSEMENT OF SANITARY SEWER BACKUP RELATED DAMAGES TO PRIVATE PROPERTY AND FOR THE INSTALLATION OF A BACKFLOW PREVENTION SYSTEM ON SUCH PRIVATE PROPERTY.

PART I

Attached are the application forms you requested from the City of Enid, Oklahoma. Please follow these instructions. You are welcome to call our office if you have questions or problems. The office telephone number is (580) 616-7200.

1. Time to file your application. Applications under the Sanitary Sewer Backup Damage and Backflow Prevention System Sub-Account are to be presented within **90 days** of the date the loss occurs.

2. Completing the application forms. The procedure for reimbursement is a two-step process, starting with this Part I.

A. Put your name, address, city, state and zip code in the space provided in the upper left portion of the form. Please be sure to provide a telephone number where you can be reached during business hours.

If applicable, include the name and address of attorney acting on behalf of the applicant.

B. Please provide complete information for each of the items on the form.

C. Describe the circumstances leading to a backup of the public sewer system resulting in damage to private property. Note any information on rainfall events, overflowing manholes, etc. Discuss any action taken by plumbers or owners. Note any blockage found in the service line.

D. List calendar date and time of sewer backup. List each time it occurred, if more than once per event.

E. List your knowledge of how often sewer backups have occurred.

F. Provide estimated cost of damage. This can be a rough estimate based on your opinion. Actual cost of repair and installation will be required in **Part II** of this application.

G. Provide dollar value of estimated damage covered by insurance.

H. Notarized forms required. After you have completed this form, you must take it to a notary public who will witness your signing of the form on the line marked "applicant". The notary should then sign the form and fill in the notary public information at the bottom left of the form. Your signature and the notary public's signature and raised seal must be on the application form. If you wish to bring your completed forms to our office in the City Administration Building, we will notarize them for you free of charge.

3. Returning your application form. When Part I of your form is completed, signed and notarized, mail to the City Clerk at this address:

City Clerk – Sanitary Sewer Applications
401 W. Owen K. Garriott Road
Enid, Oklahoma 73701

The application will be reviewed by the City Engineer's office for verification that the damage is a result of sanitary sewer backup. A copy of the application shall be returned to you stating the Engineer's findings. Upon receipt of written notice of positive verification, the applicant may proceed with submitting Part II of the application after completion of repairs and installation of backflow system. **PRIOR APPROVAL OF TYPE OF BACKFLOW SYSTEM SHALL BE OBTAINED BEFORE COMMENCING INSTALLATION OF SAME.**

4. Time for processing application. Part I of application shall be processed in a timely manner. It will take a minimum of thirty (30) days to process Part II of your application after it has been received by our office.
5. Determination. When your completed application has been processed, you will be notified of whether payment will be made. If approved, payment will then be paid at the next City Commission meeting.

**APPLICATION FOR SANITARY SEWER DAMAGE AND
BACKFLOW PREVENTION COST PARTICIPATION**

PART I

(For information or assistance, call (580) 616-7200)

Applicant: _____

Address: _____

City, State, Zip: _____

Application must be signed,
notarized, and returned to:
City Clerk
Sanitary Sewer Applications
401 W. Owen K. Garriott Road
Enid, OK 73701

Applicant's phone no.: _____

Daytime phone no.: _____

(If applicable) Attorney Name/Address: _____

Address where damage occurred: _____

Description of occurrence resulting in property damage: _____

Date of occurrence: _____

Frequency of problem: _____

Estimate of property damage \$ _____ (Receipts showing payments for actual damage will be requested under Part II for consideration of reimbursement.)

Amount of damage or loss covered by insurance \$ _____ **(IF YOU DO NOT HAVE INSURANCE COVERAGE FOR THIS LOSS, PLEASE ATTACH A LETTER FROM YOUR AGENT OR INSURANCE COMPANY STATING SAME.)**

Is there any known source of storm water entering the sanitary sewer system by way of the private service lines at this site? _____ Yes ___ No (Assistance with inspection for storm water sources will be made by the City of Enid upon request.)

APPLICANT MUST SIGN FORM AND HAVE IT NOTARIZED!

The undersigned applicant of lawful age, being duly sworn on oath, says that this application is to the best of applicant's knowledge, true and correct. Affinity further states that (s)he has made no payment, given or donated or agreed to pay, give or donate, either directly or indirectly, to any elected official, officer, or employee of the City of Enid, of money or any other thing of value to obtain payment.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

For office use only:

____ The application has been reviewed and it is determined that damage is as a result sanitary sewer backup and qualifies for consideration of reimbursement for damages and installation of **APPROVED BACKFLOW PREVENTION SYSTEM AND/OR SUMP PUMP SYSTEM**. This form will accompany Part II which requires the applicant to provide the receipts for the cost of the repairs, replacements or installations necessitated due to the sewer backup, including the receipts for the installation of the backflow prevention system, and which receipts shall further show that such work has been performed or material or equipment replaced or installed and paid for by the applicant.

Approval Signature: _____

Date: _____

____ The application has been reviewed and it is determined that damage is not as a result of sanitary sewer backup and does not qualify for reimbursement for damages under this program.

Denial Signature: _____

Date: _____

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PART II

Attached are the application forms you requested from the City of Enid, Oklahoma. Please follow these instructions. You are welcome to call our office if you have questions or problems. The office telephone number is (580) 616-7200.

1. Time to file your application. Applications under the Sanitary Sewer Backup Damage and Backflow Prevention System Sub-Account are to be presented within one year of the date the loss occurs.
2. Completing the application forms. The procedure for reimbursement is a two-step process, starting with this Part I.

- A. Put your name, address, city, state and zip code in the space provided in the upper left portion of the form. Please be sure to provide a telephone number where you can be reached during business hours.

If applicable, include the name and address of attorney acting on behalf of the applicant.

- B. Please provide complete information for each of the items on the form.
- C. You must provide an itemized list of damages. Each item should be listed and the original cost or cost to repair should be placed opposite in the "Amount Claimed" column. For each item listed, you must attach to your claim the receipts for the cost of the repairs, replacements or installations necessitated due to the sewer backup, including the receipts for the installation of the City-approved backflow prevention system, and which receipts shall further show that such work has been performed or material or equipment replaced or installed and paid for by the customer. **Prior approval of type of backflow system shall be obtained before commencing installation.** No payments will be made until an approved backflow prevention system is in place. Request for approval for backflow prevention system can be in the form of providing manufacturer's specifications and information on a check valve and manual sanitary sewer cut off valve or a sump pump system or have sufficient information submitted by a licensed plumber.
- D. Put the total of your claim in the space below the "Amount Claimed" column.
- E. If you took pictures of the damage, put your name and the address and date of damage on the back of each picture. Place the pictures in an envelope and put your name on the envelope and enclose it with your application.
- F. If you need more space than is provided on the application form, or have other information you feel is important, you may add an additional sheet(s), which you should mark "attachment to the application of (your name and address)".
- G. Provide dollar value of estimated damage covered by insurance.

- H. Notarized forms required. After you have completed this form, you must take it to a notary public who will witness your signing on the line marked "applicant". The notary should then sign the form and fill in the notary public information at the bottom left of the form. Your signature and the notary public's signature and raised seal must be on the application form. If

you wish to bring your completed form to our office in the City Administration Building, we will notarize them for you free of charge.

3. Returning your application form. When Part II of your form is completed, signed and notarized, mail to the City Clerk at this address:

City Clerk - Sanitary Sewer Application
P.O. Box 1768
Enid, Oklahoma 73702-1768

4. Time for processing application. It will take a minimum of thirty (30) days to process Part II of your application after it has been received by our office.
5. Determination. When your completed application has been processed, you will be notified of whether payment will be made. If approved, payment will then be paid at the next City Commission meeting.

**APPLICATION FOR SANITARY SEWER DAMAGE
AND BACKFLOW PREVENTION COST PARTICIPATION**

PART II

(For information or assistance, call 234-0400, ext. 412)

Applicant: _____

Address: _____

City, State, Zip: _____

Application must be signed,
notarized, and returned to:
City Clerk
Sanitary Sewer Application
P.O. Box 1768
Enid, OK 73702

Applicant's phone no.: _____

Daytime phone no.: _____

(If applicable) Attorney Name/Address: _____

List property damaged. Put value or cost of repair opposite each item under the amount claimed. Attach paid receipts for damage and for installation of backflow prevention system. **(Type of backflow prevention system shall be approved by the City of Enid before installation.)**

Item	Amount Claimed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount Claimed	\$ _____

(If you need additional space, attach another sheet per the instructions.)

Amount of above listed claims covered by insurance \$ _____.

The applicant agrees to take full responsibility for the quantity, quality and completeness of all work per this application and that all work meets all applicable Municipal Code.

This form requires the applicant to provide the receipts for the cost of the repairs, replacements or installations necessitated due to the sewer backup, including the receipts for the installation of the **APPROVED BACKFLOW PREVENTION SYSTEM AND/OR SUMP PUMP SYSTEM**, and which receipts shall further show that such work has been performed or material or equipment replaced or installed and paid for by the applicant.

Any loss claim paid to applicant by any insurance policy due to the sewer backup event, shall be deducted from the total amount sought by applicant for reimbursement.

Prior to payment, you will be required to sign a release and waiver releasing the City and all its employees and officers from any and all liability based on the sewer backflow occurrence and any and all damage that may be occasioned in the future by the backflow prevention system.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

For office use only:

Claim Approved: _____ Claim Denied: _____

Signature of City Official

ACCEPTED AND APPROVED this ____ day of _____, 20__.

Property Damages	\$ _____
Installation of Backflow Prevention System	\$ _____
Amount covered by insurance (deduct)	(\$ _____)
Total Actual Cost	\$ _____
City Reimbursement at 50%	\$ _____