

# City of Alliance

504 E. Main St.  
Alliance, OH 44601  
Phone: (330) 821-3110  
Fax: (330) 821-9362

# Water Line Replacement Application

*(A separate request is required for each property)*  
Submit/drop off forms to: 504 E. Main St., Alliance, OH 44601;  
E-mail to: Linereplacement@allianceoh.gov

### 1. Property Information

Owner Occupied

Rental Property

Property Address: \_\_\_\_\_ Parcel No: \_\_\_\_\_

### 2. Owner Information:

Property Owner: \_\_\_\_\_  
Address (No PO Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Number of Children in Residence: \_\_\_\_\_

### 3. Statements of Understanding: (Initial box to left of each statement)

<input type="checkbox"/>	I acknowledge that any leaks in the line beyond the curb box from this replacement is not the fault of the City and I, the property owner, will be solely responsible for the cost of any repairs.
<input type="checkbox"/>	I acknowledge that I have been advised there are service line warranty programs available which would cover the cost for the above-mentioned repairs.
<input type="checkbox"/>	I acknowledge that it is the sole responsibility of the property owner to research and apply for a service line warranty program at the property owner's cost.
<input type="checkbox"/>	I understand that I can contact the Water Billing Office to schedule a technician to verify the type of water service that enters the home.
<input type="checkbox"/>	I acknowledge that any landscaping repairs will be at the cost of the property owner.

By signing below, I hereby acknowledge that the information provided is complete and accurate. Applications will be processed on a first come, first served basis. Preference will be given to owner-occupied properties over rental properties.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Applicant Name: \_\_\_\_\_  
Safety Service Director/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* DO NOT MARK BELOW THIS LINE \*\*\***

Date/Time Received: _____	Received By: _____
Copper/Iron Piping Verified: YES NO	Application Number: _____
Replacement Approved/Denied: APPROVED DENIED	Date Replaced: _____