Clean Water Disconnection Program Not to Exceed Agreement

Address	
Owner	
Date	
Contractor	
Notes	

3 estimates must be submitted with this form.

Planned repair	Cost
Total Cost	

Use this area to sketch repairs as needed

For office use only

Date received	
Reviewed by	
Approved/Disapproved	
Response sent to homeowner	

Please submit this form vial email to scse-inflow@starkcountyohio.gov . Please allow at least 5 days for review.