



**APPLICATION FOR  
LEAD WATER SERVICE LINE REPLACEMENT  
FUNDING ASSISTANCE**

**RETURN APPLICATION TO:** City of Milton      710. S. Janesville Street      Milton, WI 53563

Date: \_\_\_\_\_

Owner: \_\_\_\_\_ hereby makes application for consideration of replacement of the privately owned lead water service line at the following location:

Physical Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner(s) Name(s) as indicated on Deed: \_\_\_\_\_

**Low Bid Contractor:** \_\_\_\_\_

This property is a residential property owned in the name of an individual(s)(Circle One):      Yes      No

Submittal of this application with **two or more** cost quotes from pre-qualified plumbers/contractors is required to be eligible for reimbursement funding. The undersigned owner or Authorized agents thereof, offers the above information and agrees to abide by the rules and regulations of City of Milton.

\_\_\_\_\_  
Owner/Authorized Agent Signature

\_\_\_\_\_  
Owner/Authorized Agent Address

**Application must be submitted with two (2) quotes from prequalified plumbers or contractors.**

*Below this line is for Utility use only*  
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Lead Service Line confirmed by Utility Staff:	Yes _____	No _____	
Plumbing Quotes Obtained:	Yes _____	No _____	Date(s): _____
Funding Application Approved:	Yes _____	No _____	
Approved Contractor:	_____	Quote Amount:	_____
Approved By:	_____	Date:	_____
Conditions:	_____		