

**APPLICATION FOR PARTICIPATION IN CITY OF NOKOMIS
COST REIMBURSEMENT PROGRAM
FOR THE INSTALLATION OF OVERHEAD SEWERS
OR BACKFLOW PREVENTION DEVICE**

I/We hereby request participation in the City of Nokomis Cost Reimbursement Program for the Installation of Overhead Sewers or Backflow Prevention Devices, hereinafter called "the Program".

I/We own, and this application is for, the following described property:

Address: _____

Legal Description: _____

P.I.N.: _____

(You may obtain the legal description and P.I.N. – Permanent Index Number – for your property from your real estate tax bill or online at www.montgomeryco.com and click on the MONTGOMERY COUNTY GIS MAP.)

I/We have received and accepted a copy of the Program Requirements attached to and made a part of this application.

I/We agree to allow the City of Nokomis or its representatives to make any and all observations and testing as detailed in the Program Requirements.

I/We have received a copy of the Agreement for the Cost Reimbursement Program and understand that said Agreement must be signed upon notice of preliminary approval as detailed in the Program Requirements.

Dated this _____ day of _____, _____.

Printed Name

Signature

Printed Name

Signature

Phone Number

Mailing Address

**AGREEMENT FOR COST REIMBURSEMENT PROGRAM
FOR THE INSTALLATION OF OVERHEAD SEWERS OR
BACKFLOW PREVENTION DEVICES**

This Agreement is made this _____ day of _____, _____, by and between the City of Nokomis ("City") and _____ ("Owner(s)") of the premises located at:

Address: _____

Legal Description: _____

P.I.N.: _____

(You may obtain the legal description and P.I.N. – Permanent Index Number – for your property from your real estate tax bill or online at www.montgomeryco.com and click on the MONTGOMERY COUNTY GIS MAP.)

Whereas, the City has a cost reimbursement program for the installation of overhead sewers or backflow prevention devices ("Program"); and

Whereas, Owner(s) desire to participate in the Program.

Now, therefore, in consideration of the mutual covenants contained herein, the City and the Owner(s) hereby agree to the following terms and conditions:

- 1) Owner(s) have read and understand and accept the program requirements attached to and made a part of this Agreement.
- 2) Upon compliance of Owners with all terms and conditions as stated in the Program information, the City will provide a reimbursement to the Owner(s) as allowed by this Program.
- 3) Owners release and discharge the City of Nokomis, its Mayor, Council Members, Officers, Employees, Engineers and Agents, and agree to indemnify them and hold them harmless from and against all liability, damage, loss, claims, demands and actions of any nature whatsoever resulting from, arising out of, or relating in any way to sanitary sewer backups or participation in this Cost Reimbursement Program.
- 4) Owners state that they are the Owners of the premises listed above, that they have read and understand this Agreement, and that they have signed this Agreement as their free and voluntary act.

CITY OF NOKOMIS

OWNER(S)

Signature

Signature(s)

Title

Printed Name(s)

CITY OF NOKOMIS, IL

Return this form to: City of Nokomis, 22 S. Cedar St., Nokomis, IL 62075

Name: _____ Account/Customer Number: _____

Service Address: _____ Phone Number: _____

City Code Section 38-4-37 authorizes adjustments to sewer charges in certain instances where the excessive water consumption does not enter the sanitary system. When excessive water consumption crosses 2 billing cycles, an adjustment may be authorized when corrective action is taken within ten (10) days of the date of the bill when the excessive consumption was initially billed.

REQUIREMENTS TO QUALIFY FOR A SEWER CREDIT:

1. The water consumption must **exceed** the previous six months' average by a minimum of **ten thousand (10,000) gallons**.
2. The water consumption must **exceed** the previous six months' average by **100%**. (Customer must have at least 6 months of history)
3. Written requests for sewer credit must be received within **sixty (60) days** of the date of the bill for which adjustment is requested.
4. Sewer credits are limited to **once** in a **twelve (12) month** period in addition to a one time pool fill credit with prior notice.
5. Attach a copy of repair bill for a leak. The City Hall has the right to request a pool contract/proof of purchase for pool fills. ***This request cannot be processed until verification of the repair is provided.***

SEWER CREDITS WILL NOT BE GRANTED FOR THE FOLLOWING REASONS:

1. Broken or leaky water lines where the water enters the sanitary sewer system. (i.e. leaky toilets or inside faucets)
2. Water used for irrigation.
3. Negligent use of water. (i.e. a hose left running)
4. Undetermined use of water.

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE ACCOUNT HOLDER

Date of repair/pool fill: _____

Do you have a whole house shut off (for leaks)? _____ If not, one must be installed before credit is given, please provide proof of paid invoice for whole house shut off. (38-2-9 Ord. No. 2018; 01-11-16)

Describe the nature of the excessive water consumption.

Please use the back of this form for additional comments.

Signature of Account Holder _____

Date _____

FOR OFFICE USE ONLY

Consumption: TOTAL _____ AVERAGE _____ EXCESS _____

Prepared by: _____

Amount of adjustment: _____

Approved by: _____

Late fee amount: _____

Sewer Rate: \$5.60 in town per 1,000 gal
\$7.60 outside town per 1,000 gal

Total adjustment: _____