

CITY OF PETERBOROUGH SANITARY BACKFLOW PREVENTION SUBSIDY PROGRAM

Application for Subsidy

SBFPC File No.

Instructions:

1. Please fill in all appropriate answers on this form. Print clearly. Refer to Program Guidelines for further information.
2. If you require help or have any questions about this form please call the City of Peterborough Building Department at (705) 742-7777 ext 1791.
3. Attach all necessary receipts to completed forms and forward to the following address:

City of Peterborough Sanitary Backflow Prevention Committee c/o Lisa Deflorio
 City of Peterborough
 500 George St., N.
 Peterborough ON K9H 3R9

The applicant agrees to the collection of personal information under the authority of the City of Peterborough Sanitary Backflow Prevention Committee, or its agents, to be used to verify and administer the application or to perform any audits required under Committee guidelines. Inquiries about the collection of this personal information should be directed to the Committee.

Applicant's Last Name	Telephone (home):
First Name	Telephone (business):
Mailing Address	Postal Code
Street Address or lot and concession	Tax Roll No.
ADDRESS WHERE DAMAGE OCCURRED (if different than mailing address)	
Email address:	
Services at damaged property, other than sanitary sewer (check): <input type="checkbox"/> Municipal Water <input type="checkbox"/> Well <input type="checkbox"/> Septic <input type="checkbox"/> Other	

If the applicant is not the owner, give the name and address of the owner and state relationship (ie agent):

Last Name	First Name
Mailing Address	
Postal Code	Telephone (home):
Relationship to Owner:	

If the damaged property is a residence, is it the owner's principal residence? (Check) <input type="checkbox"/> Yes <input type="checkbox"/> No

Is the damaged property a Business <input type="checkbox"/> or Non Profit Organization <input type="checkbox"/>
Type of Business Activity:

For the 2004 or March 2012 flooding, did you receive flood relief assistance from any other organization? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, specify name of organization.	
Do you have a copy of an adjuster's report or any other documentation to establish flood damage at the damaged Property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach	
Please attach any request or direction from your insurance company requiring backflow prevention at the damaged Property.	
Name of the insurance company which provides your property insurance	
Name of insurance agent/broker	
Address	Telephone No.

I hereby authorize and direct my insurer or broker named above to cooperate fully with the City of Peterborough Sanitary Backflow Prevention Committee and their authorized representatives and to provide them with any information or documents they may request concerning coverage available and any work required under the policy referred to above.

Signature:	Date:
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Please turn and complete back portion

Type of Property (check appropriate box) Residential Business Non-Profit

Type of Building	Description of Installation	Cost of Installation (\$)	Amount paid by Insurance (\$)	Amount Applied For (\$)
1.1 Single unit dwelling				
1.2 Multiple unit dwelling				
2.1 Commercial Building				
3.0 Other (Specify)				
Total \$				

If space above is insufficient, additional information may be attached to the application.

Installer Information

<input type="checkbox"/> Plumber (Licensed by the City of Peterborough) <input type="checkbox"/> Plumber (other) <input type="checkbox"/> Owner <input type="checkbox"/> Other		
Name of Installer:	Phone #:	
Address of Installer:	Building Permit # :	Date of Issue:
Invoices and Proof of Payment must be Attached		

I declare/understand

- a) that all of the information provided in the application is true and that it may be subject to audit
- b) that records will be maintained for a period of 2 years from the date of this application
- c) that no costs specified herein have been, or will be, claimed under any other insurance or assistance program
- d) that if information contained in this application is found to be false, I will, upon demand by the Committee, forth with repay any funds paid to me
- e) that this program being established on limited funds, does not guarantee subsidy to any party, regardless of the eligibility of the application or the approval of an appeal of award, as applications will be reviewed on a first come first served basis.

This application is subject to review and assessment. Ineligible costs will be deducted from the total amount of eligible subsidy.

Applicant's Signature	Date
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