



PRIVATE PROPERTY PROTECTION PROGRAM SUBSIDY APPLICATION

Property Owner Name	Date of Application	Property Owner Phone No.
Mailing Address	Address Where Subsidy Work Occurred (must be within city limits)	
City and Zip	Des Moines Water Works Acct. No.	

INFORMATION RELATED TO WORK REQUEST FOR SUBSIDY (\$1,000 maximum subsidy per property)

Licensed Plumber or Plumbing Company Performing Work		Company Address
Phone Number	Date Work Completed	Plumbing Permit Number for Work

TYPE OF WORK COMPLETED
(Check all that apply)

Foundation Drain, Area Drain, and Sump Pump Discharge Redirection	<input type="checkbox"/>	Cost:	\$
Roof Leader Disconnection	<input type="checkbox"/>	Cost:	\$
Backwater Valve Installation	<input type="checkbox"/>	Cost:	\$
Itemized Invoice of Work Attached	<input type="checkbox"/>	Total Cost:	\$
Completed Form W-9 Attached (Request for Taxpayer ID No & Certification)	<input type="checkbox"/>		
Copy of Payment or Receipt Attached	<input type="checkbox"/>		

I hereby certify that the information provided herein is true and accurate, and I understand that any subsidy payment from this program may be subject to income tax.

Tax ID No. or Social Security Number _____ Signature of Property Owner _____

For Office Use Only

District and Parcel No. of Property _____ Plumber's License No. _____

Water Works Account Status (Current/Overdue) _____ Paying Sanitary Fee _____ Yes _____ No _____

Amount of Eligible Work \$ _____

Subsidy Authorized by: (DLM, RAD, JPB, DWP, CWE) _____ Approval Date: _____

Direct Payment Requisition No. **4P**- _____ Date of Subsidy Payment: _____

Application Instructions

- Complete Upper Portion of Application Form
- Attach Itemized Plumber's Invoice of Work
- Attach Copy of Payment or Plumber's Receipt for Payment
- Mail to Sewer Enterprise Division, 3000 Vandalia Road, Des Moines, IA 50317-1346
- For questions on this application, contact Vicki Gustafson at 515-323-8165 or VCGustafson@dmgov.org