



*Town of Wallingford, Connecticut*

NEIL H. AMWAKE, P.E.  
GENERAL MANAGER



DEPARTMENT OF PUBLIC UTILITIES  
WATER & SEWER DIVISIONS  
377 SOUTH CHERRY STREET  
WALLINGFORD, CONNECTICUT 06492  
TELEPHONE 203-949-2666

**Reimbursement Eligibility Form (Form A)  
Inflow and Infiltration Removal Program**

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Description of proposed work, with a sketch attached:**

Sump Pump <input type="checkbox"/>	Driveway/Yard/Area Drain <input type="checkbox"/>	Defective Lateral <input type="checkbox"/>
Roof Leader <input type="checkbox"/>	Window Well/Stairway Drain <input type="checkbox"/>	
Other: _____		

**Individual or Company that will perform the work:**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Estimated Cost of Work: \$ \_\_\_\_\_

- ✓ If the homeowner will perform the work, please attach a list of materials and estimate of equipment rental costs.
- ✓ If a contractor will perform the work, please attach the contractor's quotation for the work.

**FOR SEWER DIVISION USE ONLY**

Eligibility Approved

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

Not Approved

Remarks \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature