

HOMEOWNER PERMISSION FORM
STORM WATER INSPECTION

I, the undersigned, owner of the property located at

(ADDRESS)

Do hereby understand this is a free, voluntary inspection program and I give permission to the City of Cuyahoga Falls, Ohio to enter my property to perform inspections of my sanitary lateral and my storm water system including, but not limited to, downspouts, drain connections, sump pumps, etc.

Printed Name

Phone No.

Signature

Date

DISCLAIMER: If the property would fail any portion of the Project Partner Storm Water Inspection, the property owner is required (by Ordinances 141-2004 & 142-2004) to make the repairs at their cost within 180 days.

E-Mail results to: _____

US Mail results to: _____

NOTE: This form must be returned to the Storm Water Administrator's office via fax or mail along with the Inspection Request form. Scheduling of your appointment will be made upon receipt of these forms.

Attn: Sewer Collections Manager
Phone: 330-971-8130
Fax: 330-971-8003
Email: stormwater@cityofcf.com
Address: 2560 Bailey Rd., Cuyahoga Falls Ohio 44221

Revised: 2-27-13