

**City of Sandpoint Sewer Lateral Improvement Program (SLIP)
Participant Information Form**

Fill out the information below and email, mail, fax, or return form to:

**Bruce Robertson
Public Works Dept.
1123 Lake St
Sandpoint ID 83864**

Email: brobertson@sandpointidaho.gov Fax: 208-265-6442

Property Address: _____
Owner's Last Name: _____
First Name: _____
Spouse's First Name: _____
Business or Residential? Business Name?: _____
Phone: () _____
City: _____
State: _____
Zip: _____
Parcel Number (RPS): _____
Year Sewer Lateral Installed or Last Replaced: _____
Mailing Address (if different): _____
City: _____
State: _____
Zip: _____
Trigger? (circle one) Selling property, Building Permit, or Visible Problem Reported.
Date This Form was Submitted: _____
Email of person to be notified of Pass/Fail: _____

If Trigger is "Selling Property", please provide the following information.

Realtor Name: _____
Realtor Company: _____
Realtor Phone Number: _____
Title Company: _____
Contact at Title Company: _____
Title Company Phone Number: _____

When this form and a suitable video are received, your lateral will be rated and a letter will be sent to you, usually via email, notifying you of the lateral's inspection results.