



## 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:	\$
Copy of Payment or Receipt Attached	<input type="checkbox"/>		

**I hereby certify that the information provided herein is true and accurate.**

\_\_\_\_\_  
Signature of Property Owner

<b>For Office Use Only</b>
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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. **PPPP**- \_\_\_\_\_ Date of Subsidy Payment: \_\_\_\_\_

<b>Application Instructions</b>
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- 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