## Time of Sale Sewer Lateral Inspection Form (Homeowner Information)

Property Address:		Parcel ID				
Current Property Owner Information	1:					
Property Owner(s) name:	_					
Mailing address of owner (if different from abo	ve):					
City:	State:	Zip Code:				
Owner Contact Phone Number:		_Owner e-mail:				
As seller of the above-mentioned property, I certify unde lateral inspection and maintenance found in City of Proc correct. I acknowledge that I am aware that although th law.	er penalty of perjury t tor Ordinance No. 04	hat I have read and will con 19. I certify that the inform	nply with the re ation I have pr	equirements for sewer ovided is true and		
Signature(s) of Seller(s):		Date	e:			
Homeowners Association (HOA) Info						
Full Name of HOA President:		Phone number				
HOA' s Mailing Address:	City_		MN	Zip		
VAIVER OF INSPECTION REQUIREMEN	NT:					
nder penalty of perjury, I hereby certify that the sewer lat placed to be compliant within the last ten (10) years in ac						
gnature of Property Owner or Authorized Agent DR CITY USE ONLY	:		Date			
teral at above referenced address has been	RepairedR	eplaced on	<i>ب</i>	·		
(footage repaired/replace)	permit#		(City S	taff Signature)		

## Time of Sale Sewer Lateral Inspection Form

(PLUMBER INFORMATION)

Property Address:		Parcel ID		
Inspector Information:				
Company Name:		_ Inspector Name:		
Address:	City:		State	Zip code:
Email address: Homeowner phone:	email	Contact Phone:		
	als and connections (to be cor			
Inspection Date: / /	Dino Cizo:	Dino Material:		
	Pipe Size: er main):			
	nded Repairs			
Yes No Property comp Proctor Ordinance.	lies with no stormwater connec	tions to the sanitary	sewer syste	m as defined by City of
If No, then explain				
As the Inspector for the above-men found in City of Proctor Ordinance N	tioned property, I certify that I have rea lo. 04-19. I certify that the informatio valified to conduct or review the closed	ad the requirements for n and video recording I l	sewer lateral i nave provided	-
Signature of Inspector:			Date:	
	FOR CITY U			
	<u></u>			
Date Received:	Received By: aled that a replacement or repai	rs to sower lateral a		
	aled that a repair or replacemen			
is required to correct a failed i	nspection. A building permit an	d/or excavation per	mit may be i	required before beginning
this repair. Please contact Cit	y of Proctor at 624-3641 for mor	e information.		
Reviewed by:		Date of Re	eview:	
Form Updated 10/9/2023				