

PLUMBER CERTIFICATION FORM

This form should be filled out and attached to any Notice of Claim filed against the City of Whiting or the Whiting Board of Sanitary Commissioners. The purpose of the form is to provide a simplified method for verification of sewer blockages alleged to be caused by the City and/or in the City's portion of responsibility in the sewer line. Tort Claim forms which do not have this certification attached will be returned to the property owner for completion.

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY: _____

DATE OF SERVICE: _____

NATURE OF PROBLEM: _____

LOCATION OF PROBLEM: _____

(PLEASE PROVIDE SKETCH ON REVERSE SIDE WHICH DESIGNATES LOCATION OF HOUSE, SIDEWALK, PARKWAY, STREET, SEWER LINE AND ESTIMATED LOCATION OF BLOCKAGE)

SCOPE OF WORK PERFORMED BY PLUMBER: _____

HAS PROBLEM BEEN RESOLVED: _____ YES _____ NO

AMOUNT OF LOSS: _____

(Itemized bill and receipt should be attached)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

I, _____, a licensed plumber in the
(PRINTED NAME)

State of Indiana, do hereby affirm that I performed the work described above and discovered the blockage in the sewer line as represented by the illustration.

SIGNATURE OF PLUMBER

DATE