



City of Toledo

Department of Public Utilities

FOR INTERNAL USE ONLY

Date Received: _____

Employee Initials: _____

LEAD SERVICE LINE REPLACEMENT PROGRAM (LSLRP) APPLICATION

Property Owner Information (this information will be used to contact you regarding your application)

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Property Owner's Email Address: _____

Property Owner's Phone Number: _____

Verification of Property Ownership: Please provide a copy of Deed or Title Insurance Policy

Lead Service Line Replacement Property Address: _____

Type of Property must be single family no multi-unit or commercial properties are eligible

Is the Lead Service Line Replacement Property a Rental Unit? _____

Please provide the three (3) contractors quotes for the replacement of your private lead service line:

1. **Contractor Name:** _____

Contractor Quote Date: _____

Contractor Estimate: _____

2. **Contractor Name:** _____

Contractor Quote Date: _____

Contractor Estimate: _____

3. **Contractor Name:** _____

Contractor Quote Date: _____

Contractor Estimate: _____

I the undersigned, certify the information in this application is true and correct as of the date set forth opposite my signature. Any intentional or negligent misrepresentation of information contained in this application will result in disqualification from this program.

Applicant Signature: _____ Date: _____

Once you have completed the property owner information, included verification of property ownership and have three contractor quotes mail these items to: LSLRP, 420 Madison Ave., Suite 300, Toledo, Ohio 43604. Applications can also, be dropped off at the Customer Service Walk-In Center at 420 Madison Ave., Suite 100 which is open 7:00 a.m. -6:00 p.m., Monday through Friday or submit through email to dpuaccounting@toledo.oh.gov