

PRIVATE DRAIN CONNECTION REPLACEMENT BY-LAW 4921  
**REBATE REQUEST FORM**

**DATE:** \_\_\_\_\_  
**TO:** The Corporation of the City of Windsor  
**RE:** **Rebate for Sanitary Sewer Connection Replacement (Public Right-of-Way Only)**

**PROPERTY OWNER INFORMATION**

Contact Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**PLEASE CHECK ONE**

- I acknowledge that I will not be receiving any other collateral funding for the sanitary sewer connection for the above address.
- I acknowledge that I have received or will be receiving other collateral funding for the sanitary sewer connection for the above address in the amount of \$\_\_\_\_\_

**I/WE WOULD LIKE TO APPLY FOR THE REBATE FOR THE COST OF REPLACING THE PRIVATE SANITARY SEWER CONNECTION AT THE FOLLOWING ADDRESS PURSUANT TO BY-LAW 4921**

	Name(s)	Signature(s)
Owner 1:	_____	_____
Owner 2: (if applicable)	_____	_____
Owner 3: (if applicable)	_____	_____
Owner 4: (if applicable)	_____	_____

**ATTACHED**

- Copy of Contractor's fully paid invoice
- Copy of Articles of Incorporation (if a Corporation)

**PLEASE SUBMIT COMPLETED PAPERWORK BY EMAIL, IN PERSON OR BY MAIL**

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