

City of Saint Paul Sewer Utility

MCES Sewer Grant Repair Completion Form

TO BE FILLED OUT BY PROPERTY OWNER ONLY

(For questions, please call 651-266-6234)

Payment Approval: I request that the Sewer Utility pay the amount of \$ _____ because sewer repair work has been completed to my satisfaction. I understand that I must pay the amount not covered by this MCES grant to the contractor. I also understand that to use the city's sewer assessment program to pay for the amount not covered by this MCES grant, I must submit a separate sewer assessment request form to the Sewer Utility and receive confirmation that my application has been approved.

Property Address: _____
(Location where work was performed)

Owner's Name (print): _____

Owner's Signature: _____

Owner's Address: _____
(If different from property address)

Owner's Telephone Number: _____

Date work was performed: _____

Name of Company who performed the work: _____

Address of Company who performed the work: _____

Phone number of company who performed the work: _____

Please email this filled out form, along with a copy of the contractor's final invoice to:

PW-SewerAssessment@ci.stpaul.mn.us

May also be faxed or mailed:

Fax number: 651-298-5621

St. Paul Sewer Utility,
700 City Hall Annex,
25 W. 4th St.
St. Paul, MN 55102.

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