

# MUHLENBERG TOWNSHIP AUTHORITY

## Property Owner Assistance Program for Basement Backup Protection

### APPLICATION

Complete this Application to apply for the Muhlenberg Township Authority's Property Owner Assistance Program for Basement Backup Protection. Prior to filling out this Application, please review all program information at [www.muhlenberg.org/sewer-backflow-program](http://www.muhlenberg.org/sewer-backflow-program).

This Application, and all required attachments, can be emailed or mailed to:

Muhlenberg Township Authority  
Attn: Tim Feltenberger  
2840 Kutztown Road, Reading, PA 19605  
[muhlauthority@gmail.com](mailto:muhlauthority@gmail.com)

### PROPERTY INFORMATION

Please provide the full name(s) of at least one person with ownership interest in the property. *If approved, reimbursement checks will be made out to the property owner listed on the MTA account.*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

MTA Account Number: \_\_\_\_\_

I (we) are the legal owners of the property at this address:

Yes  No

This is a residential property:

Yes  No

Have you previously submitted an Application for this property?

*(Reimbursement is limited to one per property)*

Yes     No

Have you experienced a sewer backup?

*(All requests for reimbursement under this Program must be submitted to the MTA within 120 days after the incident occurred.)*

Yes     No    If yes, when? \_\_\_\_\_ *(submit documentation)*

Have you already installed a backflow prevention valve?

Yes     No    If yes, when? \_\_\_\_\_ *(submit documentation)*

If yes, where? \_\_\_\_\_ *(submit documentation)*

### REQUEST FOR REIMBURSEMENT

Licensed Contractor/Plumber:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Location of proposed valve installation: \_\_\_\_\_

Total reimbursement sought: \$ \_\_\_\_\_

### CONTACT INFORMATION

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different than address provided on page one):

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

## REQUIRED ATTACHMENTS

Along with this Application, please provide the following attachments:

- Itemized project invoice from licensed contractor/plumber
- Proof of payment by the property owner (*Upon Application approval & work completion*)
- Copy of plumbing permit issued by the Township of Muhlenberg, if required
- Proof of an approved final inspection by the Township of Muhlenberg, if required
- Proof of inspection by the Authority, if required

## SIGNATURE

By signing below, I certify that all information provided is accurate and I understand that if I misrepresent any information on this application, I may be required to repay my reimbursement to the MTA. I hereby release the MTA from any liability claims I might have now or in the future related to the backflow prevention valve and I acknowledge that it is my responsibility to install and maintain the infrastructure installed on my private property. I also recognize that, while installing a backflow prevention valve can greatly reduce the chance of a backup in my basement, no solution is guaranteed to prevent all backups. I understand and affirm that the MTA provides no warranties or guarantees, express or implied, with the installation or continued use of the backflow prevention valve on my private property. Any payments made under this Program shall not be construed as an admission of nor does it imply any negligence, wrongdoing or responsibility on the part of the MTA for any such sewer backup issue. Any payment made under this Program is strictly voluntary on part of the MTA. The MTA shall be the sole and exclusive judge of the validity and eligibility of requests for reimbursement submitted under this Program. Applicant must comply with all applicable Authority and Township codes, rules, regulations and specifications. Eligibility is subject to change.

\_\_\_\_\_  
Printed Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Reimbursement is not guaranteed and is subject to eligibility and availability of funds.  
For Application questions, call 610-929-4709.*

Visit [www.muhlenberg.org](http://www.muhlenberg.org) for further Program details.