



City of Ventura Water
805-677-4114

**CITY OF VENTURA
PRIVATE SEWER LATERAL
INSPECTION REPORT**

(1) COMPLETE FORM IN ENTIRETY (2) www.cityofventura.ca.gov/SubmitYourApplication

Property Owner/Customer Name: _____

Property Address: _____ Zip: _____

Customer Phone: _____

I confirm that I have reviewed the results of the attached Private Sewer Lateral Inspection Report conducted for my property by a licensed Plumber (below).

Property Owner's Signature: _____

Printed Name: _____ Date: _____

Plumbing Company Name: _____

I certify that information, recommended repairs and video recording I have provided with this form are true and correct.

Video Technician's Signature: _____ Date: _____

The information submitted herewith complies with all requirements set forth by the City of Ventura Municipal Code Ordinance 22.250. I declare under the penalty of perjury that all information submitted here applies to listed address only.

Plumber's Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Contractors License # _____ City of Ventura Business License # _____

www.cityofventura.ca.gov/InspectionProgram • (805) 677-4114

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(For Official Use Only)

FILED WITH CITY Date: _____ Staff Initials: _____

