

**CITY OF RIVERTON
SEWER LATERAL PROTECTION PLAN
(SLPP)**

User's Account #: _____

User's Name: _____

Service Address: _____

I, _____ (print your name), wish to participate in the Sewer Lateral Protection Plan (SLPP) as established by Riverton Municipal Code Section 13.20.295. I have received a copy of City Council Resolution No. 1050 establishing the rules for SLPP and acknowledge receipt with my signature herewith. I hereby authorize the City of Riverton to bill me for participation in SLPP at the monthly rate established by City Council Resolution.

Signature

Date