

# The City of Excelsior

350 Highway 7, Suite 230, Excelsior, Minnesota 55331  
Phone: 952.474.5233



THE CITY OF  
**EXCELSIOR**  
MINNESOTA

## INFLOW & INFILTRATION GRANT APPLICATION

### Applicant Information:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Building: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Amount of Estimate (Attach Copy of Estimate): \_\_\_\_\_

Inspection Costs (Attach Copy of Receipt): \_\_\_\_\_

**Describe the work proposed. Indicate whether the work is for sewer line rehabilitation (such as lining), replacement, or the disconnection of surface or foundation drains. If the line was televised, email the video to the Public Works Director at [tamundsen@excelsiormn.org](mailto:tamundsen@excelsiormn.org)**

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

### For Office Use Only:

Date Application Received: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

MCES Contribution: \_\_\_\_\_