



**OVERHEAD SEWER REBATE PROGRAM**  
**CITY OF CALUMET CITY-DEPARTMENT OF INSPECTIONAL SERVICES**  
**PHONE: 708-891-8120**  
**FAX: 708-891-2128 -EMAIL: [DIS@CALUMETCITY.ORG](mailto:DIS@CALUMETCITY.ORG)**

The City of Calumet City will rebate a maximum of \$4,000.00 to the homeowner occupying the residence. Where all pre-approved completed installation of overhead sewer repairs or replacement of sewer traps, valves or waterproofing occurs.

The application process as follows:

1. Homeowner must complete rebate application and submit it to the Department of Inspectional Services located at 670 Wentworth Ave.
2. Two written estimates from contractors are required with application.
3. An on-site inspection is required for the City's Plumbing Inspector to ensure compatibility for overhead sewers prior to any work being done.
4. Permits must then be secured.
  - a. **NOTE- ALL contractors must be licensed with the City of Calumet City.**
5. Once work is completed, the property will be inspected to verify compliance with code complaints.
6. When all work and inspections are final, you must submit a paid in full receipt and all other corresponding paperwork to the Department of Inspectional Services to receive reimbursements. **(Please allow a minimum of 4 to 6 weeks for processing.)**

**CITY OF CALUMET CITY**  
**OVERHEAD SEWER, SUMP PUMP INSTALLATION, AND RELATED WORK**  
**REBATE APPLICATION FOR QUALIFYING WORK PER ORDINANCE (Section 14.2)**  
*(Form to be completed by homeowner.)*

Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Co-owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_, Calumet City, IL 60409  
Scope of Work to be performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lowest Qualifying Bid** relative to owner's request for rebate in the amount of half or up to \$4,000 of total cost of **Qualifying Work** completed. Winning contractor information is as follows:

Cost of project: \$ \_\_\_\_\_ Rebate amount \$ \_\_\_\_\_  
Contractor: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Plumbing Contractor's License from State of Illinois: \_\_\_\_\_  
Sub-Contractor: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Plumbing Sub-Contractor's License from State of Illinois: \_\_\_\_\_  
How did you hear about the Overhead Sewer Program? \_\_\_\_\_  
Please identify the Alderman of your ward: \_\_\_\_\_  
  
Have you contacted the Alderman serving your ward (as a courtesy) regarding the overhead sewer program? \_\_\_ Yes \_\_\_ No If Yes, what date did you contact your Alderman? \_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plumbing Inspector's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Note:** *The City of Calumet assumes no responsibility for the failure, or the associated losses due to the failure of any flood mitigation project receiving rebate funding.*

Please completely fill out this application and return it to  
City of Calumet City Inspectional Services Department, 670 Wentworth Avenue, Calumet City, Illinois 60409  
For more information, contact (708) 891-8120

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See Specific Instructions on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .</p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p>	Requester's name and address (optional)
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they