



HOA Pre-Inspection Form

Submit this completed form to EBMUD to request an inspection for properties in a Homeowner's Association (HOA). As required in The Contractor Guidelines, for parcels within an HOA, the contractor must provide a map showing all laterals, private mains, and private manholes of the parcel or parcel group to EBMUD prior to scheduling inspection. Scheduling an appointment using the www.eastbaypsl.com website or failure to provide a complete map prior to scheduling will subject the HOA and/or the property owners to **enforcement action such as appointment cancellation**.

- Complete this form. Submit form and map to psl@ebmud.com at least 2 weeks prior to desired appointment date.
- Confirm the allocation of responsibility stated below is consistent with the HOA's Statement of Responsibility form.
- Allow 2 weeks for EBMUD staff review.
- Once you receive written approval from EBMUD staff, call (510) 287-1599 to schedule an inspection.
- This Pre-Inspection form is required for each appointment, even for multiple inspections in the same HOA.
- **NO INSPECTION WILL BE PERFORMED UNLESS THIS FORM AND MAP ARE REVIEWED BY STAFF, AND YOU RECEIVE APPROVAL TO SCHEDULE INSPECTION.**

Required Information

- Name of HOA and primary street address: _____
- Parcel number (APN) for appointment (HOAs use common area parcel): _____
- Total number of sewer laterals and private manholes on parcel/parcel group: _____
- HOA contact name (to contact about this document): _____
- Contact phone number and email: _____
- Contractor name, phone number and email: _____
- What is your preferred inspection date and time? _____
- Please confirm the allocation of responsibility within the HOA by checking the box next to the correct statement:
 - HOA has maintenance responsibility for **ALL** private sewer laterals
 - HOA and Property Owners have responsibility for different portions of the private sewer laterals
 Please indicate if HOA has privately-owned sewer mains and/or manholes:

Signature _____

Print Name _____ Date _____

PSL Program Administration use only Date Form Received: _____ Date of inspection scheduled: _____
 Date information reviewed: _____ By: _____
 Date approval given to HOA: _____ Is map complete? _____