



## HOA Pre-Inspection Form

Submit this completed form to EBMUD before scheduling an inspection for properties in a Homeowner's Association (HOA). As required in The Contractor Guidelines, for a parcel(s) 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 an inspection. Scheduling an appointment using the [www.eastbaypsl.com](http://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** and **appointment cancellation**.

- Complete this form. Submit via [eastbaypsl@ebmud.com](mailto:eastbaypsl@ebmud.com) at least 2 weeks prior to desired appointment date.
- Confirm the allocation of responsibility submitted below is consistent with the HOA's Statement of Responsibility (SOR) 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 inspection 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: \_\_\_\_\_
- Parcel (APN#) for appointment (HOAs use common area parcel): \_\_\_\_\_
- HOA contact name (to contact about this document): \_\_\_\_\_
- Contact phone number and email: \_\_\_\_\_
- Contractor name and phone number: \_\_\_\_\_
- What inspection date are you requesting? \_\_\_\_\_
- 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? \_\_\_\_\_