

CATSKILL WATERSHED CORPORATION

SEPTIC MAINTENANCE PROGRAM

REIMBURSEMENT APPLICATION

The information requested below is needed to determine whether and to what extent a particular septic system pump-out and inspection is eligible for reimbursement. Reimbursement may also be contingent upon supporting documentation supplied with the request.

Please return this completed application form and copies of all supporting documents within 90 days of pump-out and inspection to: Catskill Watershed Corporation, P.O. Box 569, Margaretville, New York 12455.

Date Septic Maintenance Completed (fill in date): _____

Reimbursement requested as a Result of (check one):

- New Construction Previously in CWC Programs

1) NAME OF APPLICANT (OWNER):

 Last

 First

2) MAILING ADDRESS:

3) DAYTIME TELEPHONE:

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3) STREET ADDRESS of SEPTIC SYSTEM (if different than mailing address):

4) TYPE OF BUILDING SERVED BY SEPTIC SYSTEM (check the one box that applies):

Residential (single family)

Residential (two family)

Mixed Residential/Commercial Use (one residential unit)

Mixed Residential/Commercial Use (two residential units)

None of the Above Building Types

5) CONTRACTOR WHO PERFORMED PUMP-OUT AND INSPECTION:

 Name

 Address

 Daytime Telephone

6) Total Reimbursement Amount Requested: \$ _____
(fill in dollar amount)

CWC USE ONLY: Processed by _____

Total amount Approved for Reimbursement: \$ _____

Reason for partial reimbursement approval _____

7) In order to facilitate the prompt processing of your reimbursement request, please submit **copies** of the following documentation:

a) Contractor Invoices, inspection check list **and**

b) Any one of the following:

Canceled Check(s)

Money Order Receipt(s)

Contractor Receipt(s)

I declare and affirm under the penalties of perjury that this claim is in all things, true and correct, that I am the owner of the above referenced system, and that I have not received any other source of reimbursement for the above referenced system.

 Claimant Signature (signature required for application processing)

 Date

