



**Catskill Watershed Corporation**  
669 County Hwy 38 • Suite 1 • Arkville, NY 12406

Tel: (845) 586 -1400  
Fax: (845) 586 -1401  
Website: www.cwconline.org

## CATSKILL WATERSHED CORPORATION

### SEPTIC REIMBURSEMENT APPLICATION

Please return this completed application form and copies of all supporting documents upon completion of work to:  
Catskill Watershed Corporation, **669 County Highway 38 Suite 1, Arkville NY 12406**

1) NAME OF APPLICANT (*OWNER*): \_\_\_\_\_  
  
CONTACT PERSON (*if different than applicant*) \_\_\_\_\_

2) MAILING ADDRESS: \_\_\_\_\_ DAYTIME TELEPHONE: \_\_\_\_\_

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

4) Reimbursement for:

**Repair/Replacement Program**  **Septic Maintenance Program (Pump-Out)**

Date work was completed: \_\_\_\_\_

5) CONTRACTOR/ ENGINEER WHO PERFORMED SEPTIC WORK:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Telephone

6) **Total Reimbursement Amount Requested:**  
(*Fill in dollar amount*)

\$ \_\_\_\_\_

**CWC USE ONLY:**

**Total amount Approved for Reimbursement:**

\$ \_\_\_\_\_

7) In order to facilitate the prompt processing of your reimbursement request, please submit **copies** of the following documentation: Contractor Invoice(s), Inspection Check List (for Septic Maintenance Program), and any of the following:

Canceled Check(s)  Money Order Receipt(s)  Contractor Receipt(s)

8) I declare and affirm under the penalties of perjury that this claim is in all things, true and correct, that I am the owner or representative 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*

Processed by \_\_\_\_\_