



**Yates County Septic Replacement
Grant Program -2018
Request for Reimbursement**

To receive reimbursement for your septic system project, you, the property owner, must complete this form in its entirety and submit it to the County, along with supporting cost documentation. You must submit the reimbursement request after you complete your project, within 90 days of project completion to:

Yates County Planning Department
417 Liberty Street, Suite 1093, Penn Yan, NY 14527

For Internal use only: Project File # _____ Name: _____

Septic System Project Information:

1. Septic System Project Completion Date: _____
2. Name of Property Owner: _____
3. Mailing Address: _____

4. Daytime Telephone Number: _____
5. Street Address of Septic System Project (if different from mailing address): _____

6. Type of Building Served by Septic System (check the applicable box)
Residential
Small Business
7. Septic System Repair and/or Replacement Verification: _____

For Internal use only: Project File # _____ Name: _____

8. Septic System Project Contractor Who Performed Repair and/or Replacement of septic system:

Name: _____

Address:

Phone Number:

Septic System Contractor's EIN (Federal Tax Identification Number): _____ - _____

9. a. Description of completed Septic System Project:

b. Total final cost of Septic System Project: \$ _____.

10. Total reimbursement amount requested: \$ _____.

11. Please submit copies of the documentation listed below. Failure to do so will likely result in the delay or rejection of your reimbursement request:

- a. Contractor Invoices
- b. Proof of Payment
- c. Assignment of Payment Form (if payment will be made directly to the contractor)

I hereby certify that the information contained in this request is true and accurate, that I am the owner of the above-referenced septic system, and that I have not received money from any other source to pay the costs requested to be reimbursed hereunder.

(Signature of Property Owner) _____

(Date) _____

For County Use Only

Project Reference Number: _____ Name: _____

Expenses aggregating \$ _____ have been incurred and documented by the Property Owner for project costs which, based upon information provided by the Property Owner, constitute Eligible Costs under the Septic System Replacement Program.

(Signature of County Official) _____

(Date) _____