



Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926

“Working Together for a Healthier Community”

www.clintonhealth.org



Public Health
Prevent. Promote. Protect.

Environmental Health & Safety Division

Phone: (518) 565-4870

Fax: (518) 565-4843

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:

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: _____
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

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



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