



Department of Health

County Office Building
7 Court Street, Room #30
Belmont, New York 14813
Phone: (585) 268-9250
Fax: (585) 268-9264

Assignment of Reimbursement Payment

To be submitted by the Property Owner with the Reimbursement Request for payment of reimbursement directly to the Property Owner's Septic System Project Contractor

Name of Property Owner: _____

Mailing Address: _____

Street Address of Septic System Project: _____

Description of the Septic System Project: _____

Date of Completion of Septic System Project: _____

Septic System Project Contractor Information:

Name: _____

Address: _____

Phone Number: _____

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

To authorize payment of reimbursement from the program directly to the Septic System Project Contractor, please check the boxes and sign below to assign payment of the reimbursement to the contractor.

- The Property Owner hereby assigns the grant awarded under the Program for the Septic System Project Fund to the Septic System Contractor, as of the date of this Assignment. This assignment and authorization is made in consideration of the Septic System Contractor's agreement to complete the Septic System Project under the contract dated _____, including not requiring full payment at the time of service.

- The County is hereby authorized and directed to make payment of the grant from the Program directly to the Septic System Project Contractor, and send the payment to the Septic System Contractor at the address listed above.

- The Septic System Project Contractor hereby agrees to accept the grant as payment for a portion of services rendered to the Property Owner for the Septic System Project.

Applicant/Property Owner

Contractor/Installer
