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FOR OFFICE USE ONLY						

Postal Code:

## RESIDENTIAL SEPTIC TANK PUMPING REIMBURSEMENT APPLICATION

## **NOTICE TO APPLICANT:**

Name:

Mailing Address:

(1) PROPERTY OWNERS' INFORMATION:

- > All applications <u>MUST</u> include a copy of the invoice from a licensed Sewage Waste Hauler registered with the Department of Digital Government and Service NL.
- > The date on the invoice must identify the same calendar year as when the application is submitted. For example, if an application is submitted to the Town on July 1, 2024, the invoice must have been issued in 2024. For residential septic tank pumping completed during the December month, applications will be accepted by the Town until January 31 of the following calendar year.

Residential septi	ic tank pumping reimbursements will	have a yearly budget li	imit established by Council. Reimbursements are expended, at which time any further
	property shall be eligible for a reimbur ic tank pumping reimbursements will		
<ul> <li>The maximum re</li> </ul>	eimbursement shall be 50% of the cost to	have the residential sep	etic tank pumped out to a maximum of \$250.00.
and Service NL a	and disposed of at an approved waste o	isposal site.	
calendar year.  • Waste disposal r	nust be carried out by a licensed Sewag	Waste Hauler registere	ed with the Department of Digital Government
	eted during the December month, appl	cations will be accepted	by the Town until January 31 of the following
application is su	bmitted to the Town on July 1, 2024, t	ne invoice must have be	een issued in 2024. For residential septic tank
			with the application at the time of submission. application is submitted. For example, if an
_	s shall apply to the Town for reimburs	ement on such applicat	ion form as may be prescribed by Council. A
Reimbursement replacement.	may be provided to property owner	pumping out a reside	ential septic tank for routine maintenance or
property owners for some	e of the cost of having a residential sept	c tank pumped out as p	per the following criteria:
Program Information: In accordance with the T	own of Portugal Cove-St. Philip's Res	dential Septic Pumping	Assistance Policy, the Town may reimburse
Total Cost of Work:			
Date of Work Completed:			
(3) CLAIM INFORMATI	ON:		
THORE #.		itan.	
Phone #:	F-	nail:	
Company Name:  Service NL Approval #:			
. ,	WASTE HAULER INFORMATION:		
(2) LICENSED SEWACE	TAIACTE LIAITI ED INICODMATIONI.		
Address of Property (if di	ifferent from mailing address above):		
Phone #:		E-mail:	