



### 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

\_\_\_\_\_  
date

\_\_\_\_\_  
Contractor/Installer

\_\_\_\_\_  
date