

APPLICATION NO. _____

SEBASTIAN CRA SEPTIC-TO-SEWER GRANT PROGRAM
GRANT REIMBURSEMENT REQUEST FORM

1. APPLICANT INFORMATION

Name of Applicant: _____

Address of property awarded grant: _____

Phone Number: _____

Cell Number: _____

E-mail Address: _____

2. GRANT REIMBURSEMENT AMOUNT (SUBMIT PAID RECEIPTS & COPIES OF CANCELLED CHECKS FOR EACH ITEM LISTED.)

A. Septic System Closure Costs \$ _____

B. Connection to Indian River Utility System Costs \$ _____

C. Permitting Costs \$ _____

D. Design and Construction Costs \$ _____

TOTAL AMOUNT OF EXPENDITURE \$ _____

This Section for City Use Only

Date Grant Awarded by CRA: _____

Date Building Permit Issued: _____

Date Improvements Passed Inspection: _____

Amount Awarded: _____

Amount to be Reimbursed: _____

Date of Payment: _____