



GRANT REIMBURSEMENT REQUEST

Grant approval and reimbursement of costs are contingent upon the private sewer lateral cleanout portion being brought up to a satisfactory and serviceable condition free of defects and in compliance with the County’s Code. The actual grant amount for reimbursement shall be limited to the contractor’s charges and within the reimbursement limits defined, which shall be subject to review and approval by the District under the program terms. In order to process your reimbursement, you must provide the following information:

Briefly describe the private sewer lateral cleanout work that was completed:

Accompanying Documentation

- W-9 Form
- Vendor Request Form
- Permits
- Inspection Approvals
- Invoices & Receipts

All receipts must be provided to be eligible for reimbursement.

Inspection Cost: \$ _____

Repair or Replacement Costs: \$ _____

Total Requested Grant amount: \$ _____, not to exceed \$2,000

Property Owner

I/WE hereby apply for the grant reimbursement shown above;

I/We agree to abide by the terms and conditions of the Save Our Indian River Lagoon Project Plan Private Sewer Lateral Grant Program;

I/We hereby certify that the information given herein and on the program application is true, correct and complete in every respect and may be verified by Brevard County;

Property Owner(s) Names: _____

Property Address: _____

Signature of Property Owner(s): _____ Date: _____