



Town of East Hampton

300 Pantigo Place, Suite 107

East Hampton, NY 11937

Phone: 631-324-0496

Fax: 631-324-1476



Application #: _____
Office Use Only

Form 3: Installer Direct Payment Request Form

Date Submitted: _____

A. Contact Information:

Property Owner Name (titled owner of property): _____

Telephone #: _____ E-mail: _____

B. Location and System Information:

Site Address: _____

Suffolk County Tax Map#: _____ District _____ Section _____ Block _____ Lot _____

(Example. 300-162-10-5.002)

Installer Information:

Approved Vendor Company Name: _____

Low-Nitrogen Treatment System Installed: Installation Completion Date: _____

Manufacturer/Model: _____

Leaching Type: _____

Was this an emergency installation? (Y/N) _____

C. Required Documentation:

- Building Permit or Limited Septic Registry # _____
- Installer/Contractor Invoices
- Copy of completed WWM-078 Installer Certification Required

D. Payments Summary:

Suffolk County/NYS Grants Total: _____

Property Owner's Approved Septic Incentive Total: _____

Approved Vendor Invoice Total: _____

Payment Due to Approved Vendor: _____

Remaining Incentive Balance: _____