

For Office Use Only

Innovative and Alternative On-Site Wastewater Treatment Systems (IA/OWTS) Rebate Application

Schedule A – Information Relating to Pro	operty Locatio	on Ple	ase print or type
Name of Applicant:			
Property location:		SCTM #:	
Email:			
Mailing Address:			
Property is located in the	□ Medium	Priority Area of the CPF WQIPP	
Applied for Suffolk County SIP Grant	□ Yes	□ No Amount:	
Schedule B – Income Eligibility Informa	tion	Fo	or Office Use Only
		come Tax Return for up to	•
	Date	:	
CPF Manager – Town of Southampton		(rebate expires one year from this da	te)
Schedule C – Documents Required for R	ebate		
 Provide the following to the CPF Departme Certificate of Electrical Compliance Invoices of actual costs paid for IA/ 	or Certificate o	1	
Schedule D – Assignment of Rebate and	Indemnificati	ion	
I understand that I may assign all or a portion of the s contractual agreement or relationship exists between risk and responsibility for losses in connection with th the Town, its agents and employees, from any claim of	the Town of Sout he services provide	hampton and said vendors for the services proved by said vendors and agree to indemnify, defe	rided, and I assume all end and hold harmless
A 1'	Date	:	
Applicant			
Schedule E – Approval and Disbursemer	nt Amount		
Application is approved for rebate disbursen	nent in the amo	ount of: \$\$	
	Date:	۲۲	
CPF Manager – Town of Southampton	Name:		
Issue Check to: □ Applicant □ Installer	Name:		
Application must be subm	itted to the De	pt. of Community Preservation or email	l to

mailto:aauffant@southamptontownny.gov

Rebate proceeds may be taxable. Please consult a qualified tax professional.