APPLICATION FOR REIMBURSEMENT FOR ON-SITE SEWAGE PUMP

Folio #_____

Address: _____

Legal: Lot _____ Sec. _____ Range _____

Plan _____

I, being the owner / agent of owner, request reimbursement to be returned to:

Name:

_____

Owner / Agent

Mailing Address:

_____

_____

_____

Applicant's signature: _____

Date: _____

PARTICULARS

Receipt Dated: _____ Receipt #_____

Make of Pump: _____ Size: _____

Supplier: _____

Permit #_____

Contractor: _____

Inspection date: _____

Inspected by: _____

_____

_____

_____

_____

_____

_____

_____

_____

CHEQUE REQUISITION

(OFFICE USE ONLY)

DATE:_____, 2005

PAYABLE TO:

_____

_____

_____

_____

DESCRIPTION	AMOUNT
Reimbursement for pump purchase SEQ Sewer Project	
Account #06-2-1010-1425	
Amount of Invoice submitted	**$**_____
Amount payable	**$**_____ *(Maximum rebate $2,600)*

Bldg. Approval	Eng. Approval	Acctg. Approval
_____	_____	_____
Gary Brown	Jack Parry	Ralph Gillis