



**Town of South Kingstown
509 Commodore Perry Highway
Wakefield, RI 02879
(401) 789-9331 Ext 263**

**South Kingstown Onsite Wastewater Management
Reimbursement Form For Locating System**

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Address	City/Town	Zip Code
_____	_____	_____
Plat	Lot	Telephone
_____	_____	_____
Mailing Address (if different)	City/Town	Zip Code

Cost of Locating Tank

1. Town Approved Inspector: Name _____ Certification # _____
2. First Maintenance Inspection Total Cost : \$ _____
3. Cost for locating system during inspection as it appears on your Itemized bill : \$ _____
4. Town Inspection Date : _____

Tank Location Rebate Requirements

1. Please enclose the itemized bill of the inspection and a copy of the cancelled check (both sides) given to inspector for total costs. Maximum reimbursement shall not exceed the amount of \$150.
2. The completed application should be sent to the Public Services Building 509 Commodore Perry HWY, Wakefield, RI 02879 Attention: Onsite Wastewater Specialist.
3. Rebates will be issued until the grant money is exhausted.

I have read the requirements, shown above, for requesting a rebate. I am the owner of the property identified above. If there are multiple owners of this property (of which I am one), the others have authorized me to submit this application for rebate. I authorized the Town to use the attached copies to document cost as may be needed by the DEM Grant.

Property Owner's Signature

Date

Approved by Wastewater Specialist