



Town of East Hampton
300 Pantigo Place, Suite 107
East Hampton, NY 11937
Phone: 631-324-0496 Fax: 631-324-1476



Property Owner Verification of Direct Pay and Inspection Authorization Form

Property Owner Verification of Direct Pay

I _____ verify that \$ _____ will be subtracted from my
Property Owner Print Name Amount

approved Town Septic Incentive of \$ _____ for the work shown on the attached invoice
Max Incentive Approved

provided by _____
Septic Vendor/Installer Company Name

Property Owner Signature: _____

Sworn before me this _____ day of _____ 20____

Date: _____

Notary Public

Owner Authorization (All legal owners on the Title must sign)

I/We, _____ the undersigned, certify that I/We
Property Owner Print Name

am/are the legal, titled owner(s) of the land and authorize the Town to perform inspection of the low-nitrogen septic system if/when necessary to satisfy the requirements of the incentive program and ensure proper installation and function.

Property Owner Signature: _____

Sworn before me this _____ day of _____ 20____

Date: _____

Notary Public