



Request for Reimbursement Form

Name: _____

Address: _____

Phone: _____

Municipal (incorporated) or Fox Metro (unincorporated) program (circle one)

Municipality's Plumbing permit number: _____

S.O.A.P. permit # issued: _____

Total cost of **eligible** expenses: _____

Total amount of reimbursement requested: _____
(65% of eligible expenses in unincorporated areas, 15% of eligible expenses in incorporated areas. Not to exceed \$5,000)

Owner Certification

I, _____ am the homeowner of the premises indicated above and I certify that all of the information contained on this form is true and accurate to the best of my knowledge.

Signature

Date

Fox Metro W.R.D. Certification

As an authorized agent of Fox Metro Water Reclamation District who administers the S.O.A.P., I certify that I have reviewed all the necessary paperwork and found them in compliance with the provisions of the S.O.A.P. or municipal program. Therefore, I recommend the reimbursement amount be paid.

Signature: _____ Date: _____