



Edward Vergano, P.E.
Director

TOWN OF CORTLANDT
DEPARTMENT OF TECHNICAL SERVICES
ENGINEERING DIVISION

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Linda D. Puglisi
Town Supervisor

Town Board

Richard H. Becker
Francis X. Farrell
Ann Lindau
John E. Sloan

Town of Cortlandt
Septic Service Inspection and Rehabilitation Reimbursement Form
Program Agreement

This request is for:

- Pump-out & Inspection
- Repair/Replacement

For Pump-outs & Inspections

Cost of pump-out/
inspection

Date of pump-out/
inspection

Property Owner's Name

Westchester County DOH License No.

Property Street Address

Name of Septic Collector

Municipality Zip Code

For Repair/Replacement

Phone Number

Cost of Repair/
Replacement

Date of Repair/
Replacement

Email Address (Optional)

Westchester County DOH License No.

Property owner's mailing street address for
reimbursement (if different from above)

Name of Septic Contractor

Municipality Zip Code

AND

Name of municipality to which you pay taxes

Name of NYS- Licensed Professional Engineer or
Or Registered Architect

Property Section, Block and Lot (if known)

Checked by (Town of Cortlandt Staff) _____ **Date** _____

**** A copy of your paid invoice for services performed and a copy of your completed inspection form must accompany this form.**

septicinspectionrehabilitationform