EXHIBIT F

Village of Mount Prospect
Public Works Department
1700 W. Central Road
Mount Prospect, IL 60056
847-870-5640 www.mountprospect.org

Overhead Sewer Rebate Program

Rebate Application

Name: _____

Project Address: _____

Telephone: _____

E-Mail Address: _____

This Rebate Application will not be processed until all final permit inspections associated with the sewer system modification have been passed. The contracts and payments submitted must be for direct costs only and must match invoices.

The following information must be supplied with this application:

- ✓ A copy of the contracts from the plumbing and electrical contractors, including any addendums to the agreement.
- ✓ Proof of payment – invoice and copies of canceled checks or credit/debit statements made to your contractors. Payments must match up to the contracts.
  Note: *For security purposes, please remove your card number from the invoices.*

STATEMENT OF DISCLOSURE

I hereby attest that I am the owner or legal agent of this property. This application and attached documents are true, accurate, and represent only direct costs of work associated with this program to the best of my knowledge. Further, I agree the Village has the sole discretion to determine all monies to be reimbursed. Also, I understand that the Village shall have no present or future liability or responsibility for the system installed by this program; malfunctions, maintenance, or other problems that may occur are my sole responsibility.

_____

Owner's Signature | Printed Name | Date

_____

Village Signature | Printed Name | Date

FOR OFFICE USE ONLY

Verify and then check the following:

☐ Reimbursed Total Amount: $ _____