

**Payment Disbursement Request #:** \_\_\_\_\_  
**Federal ID #:** \_\_\_\_\_  
**Applicant Name:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_

**Payment Disbursement Request Summary Sheet**

	Draw Request Identifier (Homeowner/Business Name)	On-site Sewage Property: Street Address, City, State, Zip	BRF \$ Amount Requested	Type and Model of System Installed	Installation Date	Critical Area Yes/NO	Failing System Yes/NO	Non- Residential Yes/NO	New Constuction (1,200 credit) Yes/NO
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
TOTALS			\$ -						

