



**Department of Health | Department of Environmental Conservation
Environmental Facilities Corporation**

Assignment of Payment Form

Private Well PFAS Testing and Mitigation Rebate Pilot Program

To be submitted by the Property Owner with the Rebate Application for payment of reimbursement directly to the Property Owner's Professional Water Treatment Contractor.

Name of County Where Work Completed (select one):

Dutchess Orange Putnam Ulster Suffolk Westchester

Name of Property Owner:

Email Address:

Property Address Where Work Completed:

Mailing Address if Different than Above:

Date of Mitigation Completion:

Description of the Mitigation (select one):

POET Installation POUT Installation Public Water Supply Connection

Professional Water Treatment Contractor Information:

Contractor Name:

Installation Contractor Mailing Address:

Phone Number:

Contractor's EIN (Federal Tax Identification Number):

To authorize payment of rebate from the program directly to the Professional Water Treatment Contractor, please check the boxes and sign below.

The Property Owner hereby assigns the rebate awarded under the Program to the Professional Water Treatment Contractor, as of the date of this Assignment: _____

The County is hereby authorized and directed to make payment of the rebate from the Program directly to the Professional Water Treatment Contractor, and send the payment to the Contractor at the address listed above.

The Professional Water Treatment Contractor hereby agrees to accept the rebate as payment for all or a portion of services rendered to the Property Owner for the Mitigation Project.

Applicant/Property Owner Signature

Date

Contractor /Installer Signature

Date