



Town of Fishkill

www.fishkill-ny.gov

ROMBOUT WATER PROJECT

**PRESSURE – REDUCING VALVE (PRV)
APPLICATION FOR REIMBURSEMENT**

For qualified properties ONLY per Reimbursement Program

guidelines and details can be found at www.fishkill-ny.gov

Applications will be processed AFTER March 1, 2019.

Please allow 4-6 weeks processing.

Property Address _____

Rent* Own

**if applicant is a tenant or property manager, the property owner's signature is required below in order for the reimbursement check to be issued*

Applicant Name _____ *(must match Claimant Name on Voucher)*

Property Owner Name (if different than applicant) _____

Mailing Address (if different from property address) _____

Daytime Phone Number _____ Email address _____

Date of PRV Install _____ Cost of PRV Installation \$ _____

Plumber's Name, Address & Phone Number _____

YOU MUST ATTACH AN ORIGINAL PAID INVOICE OR RECEIPT FROM YOUR PLUMBER

APPLICANT SIGNATURE _____ DATE _____

Property Owner: I, _____, hereby acknowledge the installation of a new PRV on the property addressed above and authorize the reimbursement to be sent to the applicant/tenant listed above.

PROPERTY OWNER SIGNATURE _____ DATE _____

Please return this application and original invoice no later than May 1, 2019 either in person or by mail to:

Town of Fishkill Water Department
Rombout Water Project
807 Route 52
Fishkill, NY 12524

**IMPORTANT: Only hard copies will be accepted.
Applications MUST be submitted in person or by mail**

FOR OFFICE USE ONLY

____ Property within Higher-Pressure Zone
____ New Installation (post-8/1/18)
____ Installation complete prior to 4/1/19

____ All Required application fields complete
____ Original invoice/ paid receipt enclosed
DATE RECEIVED _____