



Lake Auburn Watershed Septic System Inspection Program

Reimbursement Form

2025

Please submit this form and all verification items via email to lakeauburnwater@lakeauburnwater.org or via mail to Lake Auburn Watershed Protection Commission, RE: Septic Inspection Program, 268 Court Street, Auburn, ME 04212.

Name(s): _____

Parcel ID Number, if known: _____

Physical Address: _____

Mailing Address, if different: _____

Phone Number: _____

Email Address: _____

Reimbursement verification:

- ☐ I have included a copy of my completed inspection report.
- ☐ I confirm that I, or the septic inspector on behalf of me, has submitted the inspection report to the City of Auburn's Planning, Permitting, and Code Department.
- ☐ I have included an itemized receipt of payment for the septic inspection on my property.
- ☐ I understand that if my inspection costs exceeded \$400, I will only be reimbursed up to \$400.

Other information:

- ☐ I am interested in hearing more from Lake Auburn Watershed Protection Commission regarding assistance programs, events, and other watershed news.

Signature

Date

For Office-Use Only:

- ☐ *Watershed Staff Review*
- ☐ *Inspection Report Received by COA*

Signature, LAWPC Staff

Date

- ☐ *Reimbursement Processed*

Signature, Finance Director COL

Date