



DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

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FLOOD REBATE #: \_\_\_\_\_

**ITEM CHECKLIST**

APPLICATION VERIFICATION	DATE	APPROVED BY
Contractor's contract received:	_____	_____
Permit issued (Excavation only):	_____	_____
Work performed to Code:	_____	_____
Contractor invoice received:	_____	_____
Proof of payment to contractor:	_____	_____

Total Resident Cost: \$ \_\_\_\_\_

Rebate: \$ \_\_\_\_\_ \*30% or up to \$2000.00

**TOTAL REFUND COST:** \$ \_\_\_\_\_

WARRANT REGISTER DATE: \_\_\_\_\_ FUND: 5025-920410

MAKE CHECK PAYABLE TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_  
Signature Date