

MDC



The Metropolitan District

water supply • environmental services • geographic information

Dear Property Owner:

The MDC is pleased to continue its Septic Tank Reimbursement Program for 2010. MDC member town property owners that do not have access to the MDC's sanitary sewerage system in accordance with **Sec. S14** of the MDC Sewer Ordinances may be eligible for a refund.

Each property located in the member towns of Bloomfield, East Hartford, Hartford, Newington, Rocky Hill, West Hartford, Wethersfield and Windsor is eligible to be reimbursed for the cost of septic tank pumping up to a maximum of \$180.00 once every three years.

To apply for reimbursement, **you must complete the attached form** and submit a copy of the paid receipt from the licensed septage hauler that pumped your tank. Please send to or visit us at our Customer Service Center.

Email -- Utility_services@themdc.com

Mailing address -- Septage Reimbursement Program
MDC Customer Service Center
60 Murphy Road
Hartford, CT 06114

If you have any questions or would like more information about whether your property qualifies for the reimbursement, please call (860) 278-7850 ext 3600 and our staff would be glad to assist you.

Sincerely,

Rob Langenauer
Manager of Customer Service/Command Center

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Septic Tank Pumping Reimbursement Program

Please fill out completely and return via email or mail to:

utility_services@themdc.com

or mail to

MDC Customer Service Center
Septage Reimbursement Program
60 Murphy Rd. Hartford Ct. 06114

| |
|--------------------------------------|
| Property owners name: _____ |
| Address: _____ |
| Town: _____ |
| Phone Number: _____ State/Zip: _____ |
| *person being reimbursed |

| |
|------------------------------|
| Property owner's name: _____ |
| Address: _____ Town: _____ |
| *location of septic tank |

| | | | |
|--|---------------------------------|-------|-------|
| For use by the MDC only: | | | |
| Customer Service: | | | |
| Member Town: Y / N | Access to sanitary sewer: Y / N | Map # | _____ |
| Property reimbursed within last 3 years: Y / N | | | |
| Verified by & date: _____ | | | |
| Treasury Department only: | | | |
| Reimbursement amount: \$ | _____ | Date: | _____ |
| Approved by: _____ | | | |