



TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
www.ehamptonny.gov

THE EAST HAMPTON WATER FILTRATION PROJECT

NAME OF PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

ELIGIBILITY CHECKLIST

- Property Owner in Emergency Area _____
- Water Test Detects Perfluorinated Contaminants _____
- Installer Affidavit Completed, Signed, Notarized _____
- Copy of Invoice Marked Paid _____
- Completed W-9 _____

FOR TOWN USE ONLY

APPROVAL: YES NO

AMOUNT OF EMERGENCY GRANT

90% of Total Invoice Price = Grant Amount _____ (Grant not to exceed \$3,000 dollars)



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INSTALLER'S AFFIDAVIT - POINT OF ENTRY FILTRATION SYSTEM

(Name of Installer – print)

(Company name)

(Address of Company)

_____ the undersigned, being duly sworn, deposes and says:
(Print Name)

The undersigned, the Installer named above, hereby deposes and says:

1. Choose A or B:

A: That I installed a point-of-entry whole house filtration system designed for or capable of filtering Perfluorooctanoic acid (PFOA) or Perfluorooctanesulfonic acid (PFO) contaminants from potable water entering the dwelling at premises located at

_____, Town of East Hampton, N.Y.
(Street Address)

B: That I installed additional equipment, or made modifications to a point-of-entry whole house filtration system designed to make it capable of filtering Perfluorooctanoic acid (PFOA) or Perfluorooctanesulfonic acid (PFO) contaminants from potable water entering the dwelling at premises located at _____, Town of East Hampton, N.Y.
(Street Address)

2. That the installation is complete and functional and the total cost for the installation, including all materials and labor, is \$ _____

Sworn to me, this ____ day of _____, 2018.

(Signature of Installer)

NOTARY PUBLIC