



Charlotte County Utilities

East & West Spring Lake Wastewater MSBU Program Rebate Form

\*\*\*PLEASE PRINT\*\*\*

Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_  
(Port Charlotte, FL - Address)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

As per Resolution 2013-036 complete this form and attach to it the Department of Health Permit and Final Inspection Form that was issued by the Department of Health for the installation of a new and/or replacement of the existing on-site septic tank and/or drainfield. Submit completed Rebate Form, Permit and Inspection Form to: Charlotte County Utilities, Attention: Engineering Department, 25550 Harbor View Rd, Suite #1, Port Charlotte, FL 33980 or by email to: [AdministrativeAssistants@charlottefl.com](mailto:AdministrativeAssistants@charlottefl.com). For questions please call 941.764.4539 or 941.743.4516.

\_\_\_\_\_ Date: \_\_\_\_\_  
Property Owner's Signature

To Be Completed by Department

Type	Date Installed/Replaced	Rebate Amount
On-Site Septic Tank	_____	\$ _____
Drainfield	_____	\$ _____
Total Rebate Amount:		\$ _____

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Terri Couture, Utility Director

Rebate Issued:  
Date Mailed: \_\_\_\_\_ Check #: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Engineering Representative