Department of Safety and Professional Services Management Services Division		Payment Claim Worksheet		Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program	
1. Governmental Unit:		2. Grant Number:		3. Date Submitted:	
4. Property Owner's Name:	5. Final Inspection Date:	6. Total Cost of System Replacement:	7. 60% of the Cost of Replacement:	8. Grant Amount Awarded:	* 9. Lowest Amount in # 7 or #8:

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].
*Applicants are eligible to receive the grant amount awarded or 60% of the total cost of the replacement system, whichever is less. The amount listed in section nine will become the applicant's final grant award.