## **SEWER REDUCTION ASSESSMENT**

1.	Tax Map Number:			
2.	Sewer District Number:			
3.	Street Address of Property:			
4.	Name(s) of all record property owners; their mailing address(es) and			
	phone number(s) (day and evening):			
	NAME:			
	ADDRESS:			
	PHONE #: DAY; EVENING:			
	NAME:			
	ADDRESS:			
	PHONE #: DAY; EVENING:			
	NAME:			
	ADDRESS:			
	PHONE #: DAY; EVENING:			
5.	Size of lot in acres:			
6.	Current Sewer District Capital			
	Charge assessment in units:			

The undersigned property owner(s) acknowledge that he/she/they/it understand(s) that if the property's sewer district capital charge is reduced to zero and the property is serviced at sometime in the future, either at the District's option or at the request of the owner(s), then the owner(s) or his/her/their/its successor(s), transferee(s), heir(s) and or assign(s) will be required to pay all back capital charges from the date the assessment was

reduced to the date the property is serviced. The undersigned property owner(s), further acknowledge(s) that he/she/they/it understand(s) that any reduction granted hereunder shall continue until one of the following events occur:

- a. the District's sewer facilities are extended so the property can be serviced;
- b. if the property is vacant land, a building permit is issued;
- c. a site plan is approved for the property;
- d. a subdivision application is approved for the property;
- e. the Town Board further modifies or amends the Sewer District Capital Charge Ordinance.

Upon occurrence of any of the foregoing, the property's assessment shall be reviewed and set in accordance with the current provisions of the Sewer District Capital Charge Ordinance.

Date:			<del></del>
Date:			
Date:			
(All property owner(s) of range a Notary Public.)	ecord m	ust sign and have their signatures	s notarized b
	ACKI	OWLEDGEMENTS	
Use appropriate acknowle	edgeme	nts for individuals and corporation	<u>S.</u>
STATE OF NEW YORK	)		
COUNTY OF	)	SS.:	

On the da	ay of		_, 20	, before me personally came
		_, to me k	nown ar	nd known to me to be the
individual(s) described	in and wl	ho execut	ed the fo	pregoing instrument, and (s)he
duly acknowledged to r	ne that (s	s)he execu	uted the	same.
	·	,		
			Notar	y Public
STATE OF NEW YORK	( )		·	
COUNTY OF	)	SS.:		
	,			
On the da	y of		_, 20	, before me personally came
		_, to me k	nown ar	nd known to me to be the
				pregoing instrument, and (s)he
duly acknowledged to r				
and the second second	(	,		
			Notar	y Public
STATE OF NEW YORK	( )		•	,
COUNTY OF	,	SS.:		
	,			
On the da	av of		. 20	, before me personally came
				nd known to me to be the
				pregoing instrument, and (s)he
duly acknowledged to r				, ,
duly acknowledged to i	ne mai (s	sjile exect	ileu ille	Same.
			Noton	, Dublic
OTATE OF MENALYOS			ivotar	y Public
STATE OF NEW YORK	( )			
COUNTY OF	)	SS.:		

	On the	day of	, 20	before me personally
came _				_, to me known who,
being l	by me d	uly sworn, did depose	and say that he/she	resides at
			; that	he/she is the
		of		
corpor	ation de	scribed in and which	executed the foregoir	ng instrument and that
he/she	signed	his/her name thereto	by order of the Board	d of Directors of said
corpor	ation.			
			Notary Public	
		FOR USE BY T	OWN OFFICIALS O	NLY
STEP	1 – TOV	VN ASSESSOR		
	I hereby	certify that all record	property owners have	e signed the application
and th	eir signa	atures have been duly	notarized.	
Date:_		TOWI	N ASSESSOR:	
STFP	2 – TOV	VN ENGINEER		
· -		_	amined the foregoing	application and hereby
certify	as follo		gg	,,
,		The property lies within	n the boundaries of C	Carmel Sewer
	District			
			pable of being service	ed by the sewer district's
		and the property is n	· ·	•
				t of away or easement
		r within any of the pro	_	-
	_	a sewer line does not		
			, ,	erty derives access or

could derive access.

For purposes of this application, if a sewer line was under construction at the time of enactment of the enabling ordinance, November 22, 1995, it is deemed to exist for the purpose herein. Subsequent to November 22, 1995, a sewer line is deemed to exist upon issuance of a Certificate of Approval to Construct issued by either the State Health Department or the Putnam County Health Department.

Date:	TOWN ENGINEER:
Ιh	ereby certify that I have examined the foregoing application and hereby
deny the	application because it does not meet the criteria above.
Date:	TOWN ENGINEER:
STEP 3 -	- TOWN ASSESSOR
If t	he Town Engineer certifies the property is not capable of being serviced
by the se	wer district's facilities and the property is not benefitted, the Town
Assessor	shall:
a.	reduce the property's sewer district capital charge assessment to zero
	units;
b.	notify the applicant(s)
C.	file the original application in his office and make note of the reduction
	on the property card;
d.	forward a copy of the fully processed application to the Building
	Department and to the Town Engineer who shall keep said copies on
	file permanently.
Ιh	ereby certify the foregoing has been done.
Date:	Town ASSESSOR:

If the Town Engineer denies the application, the Town Assessor shall:

- aa. notify all applicant(s);
- bb. file the original application in his office;
- cc. forward a copy of the fully processed application to the Building

  Department and to the Town Engineer who shall keep said copies
  on the file permanently.

I hereby certify the foregoing has been done.

Date:	Town ASSESSOR: