

# Request for Direct Payment Form

*This form is to authorize the Vermont DEC Heating Fuel Storage Tank Removal/Replacement Assistance Program to send payment directly to a contractor/consultant for incurred costs associated with the removal/replacement of an AST or UST up to the approved amount.*

**(Applicant must sign in BOTH sections 1 & 2)**

## **Section 1. Declaration/Certification**

I declare under penalty of perjury that the representations made in this Request for Direct Payment are to the best of my knowledge true and correct. I agree to reimburse for any payments made based upon incorrect information.

\_\_\_\_\_

Name of Owner/Applicant

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## **Section 2. Owner/Applicant Authorization for Direct Payment to Contractor/Consultant**

I authorize direct payment to the contractor/consultant who I hired to complete the work.

\_\_\_\_\_

Name of Owner/Applicant

\_\_\_\_\_

Signature

\_\_\_\_\_

Date