

**Northeast Ohio Regional Sewer District  
Watershed Organization Service Agreement Program  
Reimbursement Request**

**Request Information**

Watershed Organization: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

**Authorized Signature**

I certify that the costs outlined in this reimbursement package have been incurred in accordance with the approved project proposal as set forth in the agreement document(s). Furthermore, I affirm that the information contained herein is, to the best of my knowledge and belief, accurate and complete.

Name (print or type): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_