

**MDC**



The Metropolitan District

water supply • environmental services • geographic information

Dear Property Owner:

The Metropolitan District (MDC) is pleased to continue its program of offering financial reimbursements to owners of septic systems in MDC member communities when the property does not have access to sanitary sewers.

Property owners in Bloomfield, East Hartford, Hartford, Newington, Rocky Hill, West Hartford, Wethersfield and Windsor who do not have access to MDC sewers are eligible to be reimbursed for septic tank pumping charges up to a maximum of \$180, once every three years.

To apply for reimbursement, complete the form on the back of this letter, attach a copy of the paid receipt from the licensed septage hauler that pumped your tank, and either:

Mail To:

**OR**

Deliver To:

Septage Reimbursement Program  
C/O South Meadows Customer Service Center  
The Metropolitan District  
555 Main Street, P.O. Box 800  
Hartford, CT 06142-0800

South Meadows Customer Service  
Center  
60 Murphy Road  
Hartford, CT

If you have any questions about this program, please contact the MDC's Customer Service Department at 278-0127 to speak to a Customer Service representative. If you're uncertain whether your property has access to MDC sanitary sewers, please call 278-7850, ext. 3644.

Sincerely,

Stephanie M. Russo  
Manager of Treasury



# THE METROPOLITAN DISTRICT

## Septic Tank Pumping Reimbursement Program

Please attach a copy of the paid receipt from the Licensed Septage Hauler that pumped your tank. If there are multiple properties involved, please fill out one application per property. The Metropolitan District's Customer Service Department at (860) 278-0127 will answer any questions you have about the Septic Tank Pumping Reimbursement Program.

<p><b>Mailing Address (where reimbursement is to be sent):</b> Property Owner's Name: _____ P.O. Box: _____ Street Address: _____ City/Town: _____ State/Zip: _____ Work Telephone Number: _____ Home Telephone Number: _____</p>
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<p><b>Property Location (where septic tank is located):</b> Property Owner's Name: _____ P.O. Box: _____ Street Address: _____ City/Town: _____ State/Zip: _____</p>
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<p><b><u>For Use by the Metropolitan District (please leave area blank):</u></b></p> <p><b>Customer Service:</b> A. Member Town: Y / N B. Access to sanitary sewers: Y / N      Map Plan Number: _____ C. Property Owner reimbursed in the last three years for septic tank cleaning: Y / N Signed: _____ Dated: _____</p> <p><b>Treasury:</b> Reimbursement Amount: \$ _____ Approved: _____ Dated: _____</p>
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**Please complete and mail to:**  
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C/O South Meadows Customer Service Center  
The Metropolitan District  
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555 Main Street  
Hartford, CT 06142-0800