



**TOWN OF SOUTHAMPTON**  
**Department of Community Preservation**  
24 W. Montauk Hwy, Hampton Bays NY 11946  
[WWW.SOUTHAMPTONTOWNNY.GOV/CPF](http://WWW.SOUTHAMPTONTOWNNY.GOV/CPF)

For Office Use Only

## **INVOICE/RECEIPT CERTIFICATION (Including Proof of Payment)**

I, \_\_\_\_\_, as ☐ property owner/☐ owner's representative (check one)  
(print name)

hereby certify that the attached invoice(s), receipt(s), and/or proof of payment associated with

\_\_\_\_\_ are correct, true and accurate based upon my personal  
(property address)

review and knowledge. I further certify that I am duly authorized to submit the attached invoice(s),

receipt(s), and/or proof of payment as the property owner or as the owner's representative with the

understanding that the Town of Southampton Community Preservation Department is relying upon the

representations contained herein regarding septic system upgrade rebate funding.

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

Print Name: \_\_\_\_\_

Company Affiliation (if applicable): \_\_\_\_\_

Title (if applicable): \_\_\_\_\_