LEWIS COUNTY
NEW YORK

OFFICE OF THE TREASURER
P: 315-376-8552| F: 315-376-8522

Eric Virkler
Treasurer
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Septic Replacement Fund (SRF)

W-9 Supplemental Information Form

Applicant Name: _____

Property Address: _____

1. Property Type & Use

a) ☐ Single-family residence OR ☐ Multi-family residence
b) Owner-occupied: ☐ Yes ☐ No
c) Year-round primary residence: ☐ Yes ☐ No
d) The property contains a home-based business: ☐ Yes ☐ No
e) All or any portion of the property is rented or leased: ☐ Yes ☐ No

2. Tax Information

- ☐ IRS Form W-9 completed and attached

3. Certification

By checking the boxes above and signing below, I certify that all information is accurate and complete and that my property meets the SRF Program eligibility requirements.

Applicant Signature: _____ **Date:** _____

Treasurer's Review

1099 Required: ☐ Yes ☐ No

Treasurer Signature: _____ **Date:** _____

Notes / Comments: