



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

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Matthew J. Armendo
Director

Fund 20
Low Interest Septic Loan Program
Homeowner Information

1. Name: _____
2. Address: _____
3. Home Phone: _____ Cell Phone: _____
4. Email Address: _____
5. Gross Taxable Income \$ _____ (not to exceed \$95,000).
(Attach most current tax return for all household members)
6. Has your septic system been inspected or under contract to be inspected by a certified Title 5 Inspector? Yes ____ No ____.
7. Total number of bedrooms in the house _____ Lot size _____?

I/we, will agree to sign a betterment loan agreement with the Town of Westport to pay for the required costs associated with the septic system repair and are aware that these costs will be treated as a municipal lien on my property tax bill.

This loan will be contingent on the Town determining that my property meets the Town's criteria for funding.

Signature of Property Owner

Date

Signature of Property Owner

Date

Contact person: Nelia Williams (508-858-1008) email: williamsn@westport-ma.gov

BOARD OF HEALTH USE ONLY

Project # _____ Date Received: _____

Date accepted: _____ Property List No.: _____