



Please return this form to:
Department of Environmental Protection
Water Supply Restoration Funding Program
3900 Commonwealth Boulevard, MS 3515
Tallahassee, Florida 32399-3000
or email
WaterSupplyRestoration@floridadep.gov

Public Water System Reimbursement Request

A permittee having constructed filtration systems to treat well contaminants per Section 373.309 Florida Statutes, may be eligible for partial or full reimbursement of costs associated with filter and filter installation. This form serves as the application for reimbursement for those costs. All reimbursements are contingent upon the availability of funds. Determination of amount eligible for reimbursement is conducted by the Water Supply Restoration Funding Program on a case by case basis.

Please note that reimbursements cannot be made unless you register your electronic Substitute W-9 on-line at <https://flvendor.myfloridacfo.com> . Instructions are enclosed. Please submit this form and supporting documents AFTER you receive the email confirmation of your registration. You may call 850-413-5519 for assistance with MyFloridaMarketPlace.

Permittee's Full Name _____

Mailing Address (Reimbursement will be mailed to this address). _____

Home/Cell/Work Phone Number _____

Social Security or FEID Number _____

W-9 Confirmation Email Date _____

PWS Permit Number _____

Unique Well ID (tag on well) _____

Number of Connections _____

Number of People Served _____

The following documentation **MUST** be attached:

- ___ 1. Proof of Full Payment of filter installation costs (e.g., receipts, credit card or check bank statement).
- ___ 2. Cost Estimate or Invoice detailing filter components and construction costs (unit prices if applicable).
- ___ 3. Public Water Supply Construction Permit.
- ___ 4. Public Water Supply Clearance Letter/Report.
- ___ 5. Notarized Letter of Authorization signed by PWS owner (original signature, not a copy) only if reimbursement is to third party.

If you have any questions, please call the Water Supply Restoration Funding Program at 1-833-337-9773.

I request reimbursement for costs that I incurred to have a filtration system installed at my Public Water System in accordance with Section 373.309, F.S.

Signature

Date

Electronic Substitute W-9 Form

In order to process any payment request, go to <https://flvendor.myfloridacfo.com> to register and complete the Substitute W-9 Form. **You will need to have your last tax return available to register.**

If you do not have access to a computer, please call 850-413-5519.

Step 1 - Create your security profile (User ID and password)

1. Click on “**Click Here to Register**”.
2. Complete the Profile Registration Form (do not use commas or periods in the IRS Name as shown on your last tax return).
3. Click the **Register** button
4. Obtain your User ID from your email

Immediately, after you complete the Profile Registration, you will receive a User ID via email. Once you have your User ID, you can complete and submit your Substitute Form W-9.

Step 2 - Complete and submit your Substitute Form W-9

1. Click on “**Click Here to Sign On**”.
2. Enter the User ID that you received via email.
3. Enter the password you created during the Profile Registration.
4. Click the **Sign On** button.
5. Click on “**Form W-9 Main Menu**”.
6. Click on “**Complete New Substitute Form W-9**”.
7. Complete the Substitute Form W-9. The red asterisks indicate required fields. Please only select the radio button “I am” subject to backup withholding if you have been informed by the IRS that you are subject to backup withholding.
8. Certify the information you are providing by entering the password you created during the Profile Registration and click the **Submit** button.

After you have submitted your Substitute Form W-9, your IRS Name and social security number will be sent to the IRS for verification. You will receive an email with the results. If the email indicates your IRS name and TIN match, you will have no further action. If the email indicates your IRS Name and TIN do not match, you will need to return to the DFS W-9 Web site to correct your information.

The electronic Form W-9 submitted by payees ensures the State’s payment records are accurate.