





Orange County Clean Lakes Initiative  
Financial Incentive Program



**Berm/Swale Application**  
**Reimbursement Certificate**

*(Maximum Reimbursement per property \$ 1000.00)*

Property Owners Name: \_\_\_\_\_ Lake:  
\_\_\_\_\_

Property Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Application Tracking No. \_\_\_\_\_

**Total Receipt(s) Submitted \$ \_\_\_\_\_**

**Reimbursement Conditions**

1. Property owner is the owner of record for the property referenced herein.
2. Property owner has attended a Clean Lakes Educational” Program or viewed the “Restoring Florida Lakeshore” video.
3. All receipts for purchase of materials or contracted work must include company name and phone.
4. Approval of proper construction by Division staff following a post project inspection.

**I have met the requirements of the Program and agree with the conditions stated on this form, and Permission is hereby granted for Orange County, Florida including its officers, employees and designees to enter upon my property for the purpose of inspecting to ensure that the work has been completed in compliance with established rules.**

Signature of the Property Owner \_\_\_\_\_ Date: \_\_\_\_\_

Note: The Division will reimburse the property owner within 45 days of receipt submittal and final inspection.

<b>Official Use Only</b>	
I certify that I have inspected the property at the address above and have verified that all the program requirements have been fulfilled.	
_____	Date: _____
Signature of Clean Lakes Inspector	
_____	Reimbursement Amount: \$ _____
Print Name of Clean Lakes Inspector	
_____	Date: _____
Signature of Clean Lakes Program Manager	